

biOPRYN[®] Pregnancy Test

Sample Submission Form

WVS Lab

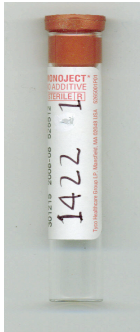
Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Shipping Address
 Waupun Veterinary Service
 999B W Main Suite 203
 Waupun, WI 53963
 PH 920-324-3831
 Fax 920-324-7331
 e-mail waupunvet@charterinternet.net
www.waupunvet.com

Label Tubes as Illustrated



◀ **Tube #**

◀ **Animal ID**

2cc or more of whole blood

Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>
Cattle	30 DPB & 90 days post-calving
Cattle (Embryo Transfer)	25 days post-implant or 32 days post-heat

Date Sent _____

Total Samples _____

Sample cost \$2.40 per sample cash or credit card
\$3.00 (20% discount if paid by 20th after
statement date-- same as cash)

Tube #	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

	Animal ID	Days Bred		Tube #	Animal ID	Days Bred
41				79		
42				80		
43				81		
44				82		
45				83		
46				84		
47				85		
48				86		
49				87		
50				88		
51				89		
52				90		
53				91		
54				92		
55				93		
56				94		
57				95		
58				96		
59				97		
60				98		
61				99		
62				100		
63				101		
64				102		
65				103		
66				104		
67				105		
68				106		
69				107		
70				108		
71				109		
72				110		
73				111		
74				112		
75				113		
76				114		
77				115		
78				116		