Small Ruminant Multi-Service Form

BioPRYN / CAE&OPP / Johnes / CL

Herd Health Diagnostics
1205 SE Professional Mall Blvd.
Suite #109
Pullman, WA 99163
Phone/Text: 509.715.1131
amber@herdhealthdiagnostics.com
www.herdhealthdiagnostics.com
Lab Coupon Code: HHD1

Billing Information:

Company Name: _____
Name: _____
Address: _____
City: _____
State: _____ **Zip Code:** _____
Phone: _____
Fax: _____
Email: _____

Office Use Only
Log #: _____
Amount Enclosed $: _____
Notes: _____

Payment is due at the time of service

Check # and amount _____
(make checks payable to HERD HEALTH DIAGNOSTICS)
Credit Card # _____
Expiration date _____ **3 Dig Sec. Code** _____

Optional Information:
Veterinarian's Name: _____
Client's Name: _____
Herd ID: _____
Who Referred you? Please share where you heard of HHD.
_____

Services Available	Cost per sample	Total # of tests requested	Rush Service (Yes or No)
BioPRYN	$6.50		
CAE & OPP	$4.75		
Caseous Lymphadenitis (CL)	$8.00		
Johnes (Caprine Only)	$5.00		

RUSH Fee $20 (The RUSH fee is a flat fee per service, not per sample. Contact the lab prior to shipping to coordinate RUSH testing.)

Species Tested:
☐ **Caprine**
☐ **Ovine**
Type of Breed: _____

Breeding Method:
☐ **Buck/Ram**
☐ **Artificial Insemination (AI)**
☐ **Embryo Transfer (ET)**

Send Report by:
(Preferred method to receive report; check box(es) and include info)
☐ **Email:** _____
☐ **Call (Name and #):** _____
☐ **Text (Name and #):** _____
☐ **Mail (sent to address under Billing Information:)**

Samples:
Date Drawn: _____ **Date Sent:** _____
Total # of samples submitted: _____

Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
1						
2						
3						
4						
5						

Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
6						
7						
8						
9						
10						
11						
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15						
16						
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40						

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Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
41						
42						
43						
44						
45						
46						
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75						

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Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
76						
77						
78						
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100						

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