bioPRYN®

Bison/Buffalo/Yak Sample Submission Form

OAK HAVEN DIAGNOSTICS
374 Piedmont Road
Barnesville, GA 30204

Phone: 678-591-1140
lab@oakhavendiagnostics.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____

Fax: _____

Email: _____

Payment Included $ _____ **(check or money order)**

MAKE CHECKS PAYABLE TO: Oak Haven Diagnostics

Office Use Only

Log #: _____

Amount Enclosed $: _____

Notes: _____

Type of Animal:

☐ **Bison** ☐ **Buffalo** ☐ **Yak**

Send Report by:

(Preferred method to receive report; check box(es) and include info)

☐ **Email:** _____

☐ **Name & Phone:** _____

☐ **Fax:** _____

☐ **Mail (sent to address under Billing Information:)**

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Samples:

Date Drawn: _____ **Date Sent:** _____

Number of Samples Submitted: _____

Tube #	Animal ID	Days Bred
1		
2		
3		
4		
5		
6		
7		
8		
9		
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11		
12		
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14		
15		

Tube #	Animal ID	Days Bred
16		
17		
18		
19		
20		
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24		
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26		
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29		
30		

Tube #	Animal ID	Days Bred
31		
32		
33		
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Tube #	Animal ID	Days Bred
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