bioPRYN®

Cattle Sample Submission Form

OAK HAVEN DIAGNOSTICS
374 Piedmont Road
Barnesville, GA 30204

Phone: (678) 591-1144
lab@oakhavendiagnostics.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____

Fax: _____

Email: _____

Payment Included $ _____

MAKE CHECKS PAYABLE TO: Oak Haven Diagnostics

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:)**

Samples:

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

Number of Samples Submitted: _____

Office Use Only

Log #: _____

Amount Enclosed $: _____

Notes: _____

Breeding Method:

☐ **Bull**

☐ **Artificial Insemination (AI)**

☐ **Embryo Transfer (ET)**

Breed of Animal:

☐ **Beef**

☐ **Dairy**

Type of Breed: _____

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Tube #	Animal ID	Days Bred	Cow/Heifer?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Tube #	Animal ID	Days Bred	Cow/Heifer?
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Tube #	Animal ID	Days Bred	Cow/Heifer?
29			
30			
31			
32			
33			
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Tube #	Animal ID	Days Bred	Cow/Heifer?
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