bioPRYN® Pregnancy Test

Sample Submission Form

WVS Lab

Date_____

Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____
_____
Phone: _____
Fax: _____
Email: _____

Shipping Address

Waupun Veterinary Service
PO Box 569
Waupun, WI 53963
PH 920-324-3831
Fax 920-324-7331
e-mail –bloodlab@waupunvet.com
website-www.waupunvet.com

Label Tubes as Illustrated

◀ *Tube #*

◀ *Animal ID*

2cc or more of whole blood

Test after the minimum Days Post Breeding (DPB)

Species	When to Sample
Cattle	28 DPB & 73 days post-calving
Cattle (Embryo Transfer)	25 days post-implant or 32 days post-heat

Sample cost $2.50 per sample cash or credit card

Date Sent _____ **Total # of Samples** _____

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		