

# bioPRYN<sup>®</sup>

## Pregnancy Test Sample Submission Form

### Invoice / Report Sent To:

Farm Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_



**Attica Veterinary Associates, P.C.**

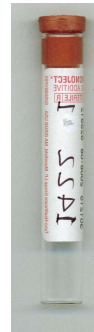
**bioPRYN Lab**  
 116 Prospect Street  
 Attica, NY 14011  
 (585) 591-2660

*Payment is due in full before tests are run unless previously discussed with lab. We accept cash, checks or credit cards.*

Payment included \$ \_\_\_\_\_  
 Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
 Name on Credit Card: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ 3 Digit Number (Back of Card) \_\_\_\_\_

**Test After The Minimum Days Post Breeding (DPB)**

<u>Species</u>	<u>Cost Per Sample</u>
<b>Cattle</b> (28 Days post Breeding & 70 days post-calving) (25 days post breeding for virgin heifers) (Embryo transfer: 25 days post-implant or 32 days post-heat) (25 day post breeding for Heifers)	\$3.00
<b>Goats / Sheep</b> (30 DPB or post buck exposure)	\$6.75
<b>Bison</b> (40 DPB)	\$5.00



**Label Tubes as Illustrated:**

← Tube #

← Animal ID

2cc or more of whole blood (red or purple top tubes)

Farm / Company name on each tube (may be abbreviated)

**Species of Animal:**

Cattle \_\_\_\_\_ Bison \_\_\_\_\_ Goats \_\_\_\_\_ Sheep \_\_\_\_\_

**Samples:**

Date Sent: \_\_\_\_\_ Number of Samples Submitted: \_\_\_\_\_

Report by: Fax  Phone  Email  Mail

Tube #	Animal ID	Days Bred
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Tube #	Animal ID	Days Bred
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

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