

BioPRYN[®] Pregnancy Test Sample Submission Form

bio TRACKING
1150 Alturas Dr Ste 105, Moscow ID 83843

Office Use Only
Amount Enclosed \$ _____
Log # _____

Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Label Tubes as Illustrated

◀ **Tube #**

◀ **Animal ID**
2cc or more of whole blood



Goat Breed _____ Sheep Breed _____

Added Test: CAE ELISA _____

Payment Included \$ _____ Bill To: Vet _____ Owner _____

Report by: Fax _____ Phone _____ Email _____ Mail _____

<u>Test after the minimum Days Post Breeding (DPB)</u>		
<u>Species</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Goat	30 DPB	\$ 7.50
Sheep	30 DPB	\$ 7.50
CAE Elisa	Write CAE in the added test column	\$ 4.00

Date Sent _____ Total # of Samples _____

Tube #	Animal ID	Days Bred	Added Test	Tube #	Animal ID	Days Bred	Added Test
1				20			
2				21			
3				22			
4				23			
5				24			
6				25			
7				26			
8				27			
9				28			
10				29			
11				30			
12				31			
13				32			
14				33			
15				34			
16				35			
17				36			
18				37			
19				38			

Phone: (208) 882-9736

Fax: (208) 882-1490

E-mail: biotracking@turonet.com

Website: www.biotracking.com

Tube #	Animal ID	Days Bred	Added Test	Tube #	Animal ID	Days Bred	Added Test
39				77			
40				78			
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			