

# BioPRYN® Pregnancy Test Goat/Sheep Sample Submission Form

Integrated Dairy Services, Inc.  
975 North Patrick Street  
Dublin, TX 76466

<b>Office Use Only</b> Amount Enclosed \$ _____  Log # _____
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Invoice/Report Sent to:

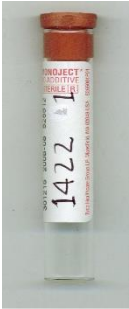
Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

**PAYMENT REQUESTED AT TIME OF TESTING.  
PLEASE INCLUDE YOUR PAYEMENT WITH SAMPLES.**

## Label Tubes as Illustrated



← *Tube Number*

← *Animal ID*  
2 cc or more of blood

<u>Test after the minimum Days Post Breeding (DPB)</u>		
<u>Species/Test</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Goat	30 DPB	\$ 6.50
Sheep	30 DPB	\$ 6.50
CAE	Greater than 7 months of age	\$ 4.00
Johnes	N/A	\$ 7.00

Date Sent \_\_\_\_\_ Total # of Samples \_\_\_\_\_

Goat Breed \_\_\_\_\_ Sheep Breed \_\_\_\_\_

Report by: Fax  Phone  Mail  Email

Tube #	Animal ID	Days Bred
1		
2		
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Tube #	Animal ID	Days Bred
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Tube #	Animal ID	Days Bred
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Tube #	Animal ID	Days Bred
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