

BioPRYN[®] Pregnancy Test
 Sample Submission Form
West Michigan Veterinary Service
 100 N. 68th Avenue, Coopersville, MI 49404

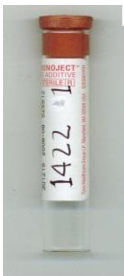
Name: _____
 Farm: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____
 Report by: Fax ___ Phone ___ Email ___ Mail ___
 Report to: _____
 Veterinarian: _____ Phone: _____

Phone: (616) 837-8151 Fax: (616) 837-7853
 Web site: www.wmvs.com
 Shipping Address: WMVS BioPRYN lab
 P.O. Box 231
 Coopersville, MI 49404

* No Ice required with samples.
 See shipping procedure sheet for packing instructions.

Label Tubes as Illustrated



◀ *Tube #*

◀ *Animal ID*

2cc or more –Red Top tube

Date Sent: _____ Total # of Samples: _____

Samples are from: ___ Cows ___ Heifers ___ Bison
 ___ Goat ___ Sheep

Total Payment \$ _____ Check # _____ C.C. on file _____
 * NON WMVS herds: Payment is due in full before tests are run. We accept Checks or Credit Cards.
 Name on Credit Card: _____
 Number on Credit Card: _____
 Expiration Date _____
 Visa ___ MasterCard ___ Discover ___
 3 Digit # from back of card: _____
Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Virgin Heifers	25 DPB	\$ 2.80
Cows	28 DPB & 73 days post-calving	\$ 2.80
Goat and Sheep	30 DPB	\$ 6.50
Bison	40 DPB	\$ 2.80

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

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	Animal ID	Days Bred		Tube #	Animal ID	Days Bred
33				71		
34				72		
35				73		
36				74		
37				75		
38				76		
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		