



# BioPRYN<sup>®</sup> Pregnancy Test

## Sample Submission Form

**Office Use Only**  
 Amount Enclosed \$ \_\_\_\_\_  
 Log # \_\_\_\_\_

Invoice/Report Sent to:

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

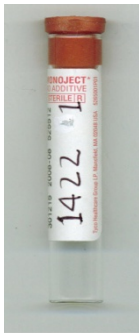
-----US Mail -----      -----UPS/FedEx-----  
 P.O Box 28168                      Suite A  
 Columbus, OH 43228              1224 Alton Darby Creek Rd  
    Columbus, OH 43228

Email \_\_\_\_\_

### Label Tubes as Illustrated

◀ *Tube #*

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



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

Beef Breed \_\_\_\_\_ Dairy Breed \_\_\_\_\_ Goat/Sheep \_\_\_\_\_

Report by: Fax \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_

Please send check to **United DHIA Valley Center Drive Suite 165 Radford, VA 24141** when samples are shipped. Reports will be sent to **Non DHIA producers** after payment is received.

#### Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Cattle	28 DPB & 73 days post-calving	\$ 2.85
Heifers	25 Post Breeding	\$ 2.85
Embryo Transfer	25 days post-implant or 32 days post-heat	\$ 2.85
Sheep and Goats	30 days post breeding	\$ 2.85

Tube #	Animal ID	Days Bred		Tube #	Animal ID	Days Bred	
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			

Tube #	Animal ID	Days Bred		Tube #	Animal ID	Days Bred	
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			
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72				110			
73				111			
74				112			
75				113			
76				114			