



United DHIA Milk Pregnancy Analysis

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Milk Pregnancy UDHIA Tech # & Name: _____

UDHIA Herd Code ____ - ____ - ____ Date: _____ Not a UDHIA Customer: _____
Name: _____ **Send to Veterinarian/Consultant:** _____

Address: _____ **Name** _____

_____ **Email:** _____

_____ **Fax:** _____

Email: _____ **Phone:** _____

Fax: _____ **Bill To:** _____

Phone: _____

Be sure to fill in information for sending data to the proper person.

Milk Pregnancy Analysis

**Non United DHIA customers please send in payment with test
 Members will be billed on their UDHIA bill**

\$3.25 each x _____ = _____

Shipping _____ (If using pre-paid mailer box _____ shipping will be billed at cost)

List cows below for testing Total _____

Cow # or Name	Cow # or Name	Cow # or Name	Cow # or Name	Cow # or Name	Cow # or Name	Cow # or Name

	Additional testing instructions:
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	United DHIA Technicians ~ Please circle cows requested with GREEN magic marker on Lab List
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For questions....Please contact the Lancaster DHIA Culture Lab at 1-877-572-4115