

biOPRYN[®] Pregnancy Test

Sample Submission Form

WVS Lab Shipping Address

Waupun Veterinary Service
 999B W Main Suite 203
 Waupun, WI 53963
 Phone: 920-324-3831
 Fax: 920-324-7331
 E-mail: waupunvet@charterinternet.net
 Website: www.waupunvet.com

Invoice/Report Sent to:

Name: _____
 Company: _____
 Address: _____

Phone: _____
 Fax: _____
 Email: _____
 Date: _____



Label Tubes as Illustrated

◀ *Tube #*

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

Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>
Cattle	30 DPB & 90 days post-calving
Cattle (Embryo Transfer)	25 days post-implant or 32 days post-heat

Sample cost \$2.40 per sample cash or credit card
 \$3.00 (20% discount if paid by 20th after
 statement date-- same as cash)

Date Sent _____ Total # of Samples _____

Tube #	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
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		
77			115		
78			116		