

Blood Submission Form

- Cattle BioPRYN Pregnancy Test
 Goat/Sheep BioPRYN Pregnancy
 Johnes Blood Test

**Use FedEx or UPS overnight or second day for timely delivery, No Ice Required.
Two cc or more whole blood**

Company: _____
 Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____

Date Sent _____ Total # of Samples _____ Payment Included \$ _____

Report by: Fax __, Phone __, Email __, Mail __,

| Animal Tag or ID# | Animal Tag or ID# |
|-------------------|-------------------|
| 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 _____ |

Account Type: Visa MasterCard AMEX

Cardholder Name _____
 Account Number _____
 Expiration Date _____
 CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____