

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 Ext.4 Fax: (616) 837-7853

Web site: www.wmvs.com

Shipping Address: WMVS BioPRYN lab
 100 N. 68th Ave
 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: _____		
<u>Test after the minimum Days Post Breeding (DPB)</u>		
<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	\$ 7.00
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		