

# BioPRYN<sup>®</sup> Pregnancy Test

## Sample Submission Form



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

Invoice/Report Sent to:

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

-----US Mail -----  
 P.O Box 28168  
 Columbus, OH 43228

-----UPS/FedEx-----  
 Suite A  
 1224 Alton Darby Creek Rd  
 Columbus, OH 43228

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

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 \_\_\_\_\_

Payment Included \$ \_\_\_\_\_

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

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

Cattle	28 DPB & 73 days post-calving
Heifers	25 Post Breeding
Embryo Transfer	25 days post-implant or 32 days post-heat
Sheep and Goats	30 days post breeding

**4/01/20 Pricing- NOT prepaid \$3.00 per sample**  
**Prepaid pricing available [dhicoop.com/biopryn.html](http://dhicoop.com/biopryn.html)**



Tube #	Animal ID	Days Bred	Added Test	Tube #	Animal ID	Days Bred	Added Test
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	Added Test	Tube #	Animal ID	Days Bred	Added Test
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			
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56				94			
57				95			
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73				111			
74				112			
75				113			
76				114			