

# biOPRYN<sup>®</sup> Pregnancy Test

Sample Submission Form

## WVS Lab

Date \_\_\_\_\_

Invoice/Report Sent to:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Shipping Address**

Waupun Veterinary Service

95 S Harris Ave Ste 203

PO Box 569

Waupun, WI 53963

PH 920-324-3831

Fax 920-324-7331

e-mail -bloodlab@waupunvet.com

website-www.waupunvet.com

**Label Tubes as Illustrated**

◀ *Tube #*

◀ *Animal ID*

2cc or more of whole blood



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

**Species**

**When to Sample**

Cattle 28 DPB & 73 days post-calving

Cattle 25 days post-implant or  
(Embryo Transfer) 32 days post-heat

Sample cost \$2.50 per sample cash or credit card

Payment must be submitted with samples

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		

<b>Tube #</b>	<b>Animal ID</b>	<b>Days Bred</b>	<b>Tube #</b>	<b>Animal ID</b>	<b>Days Bred</b>
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		