

# biOPRYN<sup>®</sup> Quick

## Cattle Sample Submission Form



Herd Health Diagnostics  
1205 SE Pro Mall Blvd. Suite 109  
Pullman, WA 99163  
Phone: 509.715.1131  
amber@herdhealthdiagnostics.com

### Billing Information:

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Payment Included \$ \_\_\_\_\_ (check, credit card)

Payment is due at the time of service.

Make checks payable to:

**HERD HEALTH DIAGNOSTICS**

### Send Report by:

(Preferred method to receive report; check box(es) and include info)

Email: \_\_\_\_\_  
 Name & Phone: \_\_\_\_\_  
 Mail (sent to address under Billing Information:)

### Samples:

Date Drawn: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Number of Samples Submitted: \_\_\_\_\_

Tube #	Animal ID	Days Bred	Cow/Heifer?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

### Office Use Only

Log #: \_\_\_\_\_  
Amount Enclosed \$: \_\_\_\_\_  
Notes: \_\_\_\_\_

### Breeding Method:

Bull  
 Artificial Insemination (AI)  
 Embryo Transfer (ET)

### Breed of Animal:

Beef  
 Dairy

Type of Breed: \_\_\_\_\_

### Optional Information:

Veterinarian's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Herd ID: \_\_\_\_\_

Tube #	Animal ID	Days Bred	Cow/Heifer?
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Tube #	Animal ID	Days Bred	Cow/Heifer?
29			
30			
31			
32			
33			
34			
35			
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40			
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Tube #	Animal ID	Days Bred	Cow/Heifer?
65			
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