

Dairy Pharm & Diagnostic Services
362 310th Avenue
Frederic, WI
(715) 653-2201
(715) 653-4301 FAX

Pregnancy Test Submission Form

(Sample must contain at least 2cc blood in red top tube)

Source Farm: _____ Address: _____

Date sampled: ___/___/___ Report to: E-mail _____

Fax _____

Phone _____

Total # of Samples _____ @ \$ 2.95 = \$ _____ testing fee

Supplies: 3cc blood tubes (100) @ \$ 17.00 = \$ _____

Bleeding needles (100) @ \$ 19.00 = \$ _____

Pediatric sheath (1) @ \$ 1.00 = \$ _____

Shipping \$ 9.50 = \$ _____

Total Enclosed \$ _____

(Clearly number each tube sequentially *PLUS* animal ID)

<i>Tube #</i>	<i>Animal #/ID</i>	<i>Tube #</i>	<i>Animal #/ID</i>
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	_____

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Source Farm: _____ Date: __/__/__

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