

Submission Form

Client Information

Business Name: _____
 Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Phone: _____
 Email: _____

****Results will be emailed within 24 hours of testing****

Sample Information

Date Drawn: __/__/__ Date Shipped: __/__/__
 # of Samples: _____

Pregnancy Days Post Breeding (DPB) Required

Cattle: DPB>28 Days; Days Post Calving >73 days
 Sheep and Goats >30 DPB

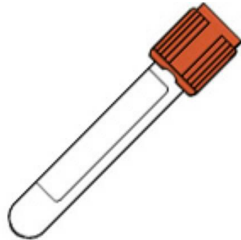
Sheep/Goat: \$6.00/sample ; Cattle: \$3.00/sample

Animal Type: Cattle Sheep Goats

(Circle all that apply)

Red Top or Serum Separator Tube Only

Label Tube with
 Tube # AND Animal ID



Mill Creek Veterinary Services

Diagnostic Laboratory

559-651-1525 millcreekveterinaryservices.com

Payment Required Prior to Reporting

Make Checks Payable to Mill Creek Veterinary Services

Account Type Visa _____ Mastercard _____ Amex _____

Cardholder Name _____

Account/Card Number _____

Card Expiration Date __/__/__

CVV (3 digits on back of Visa/MC; 4 digits on front of Amex) _____

-Package tubes carefully to avoid spillage and breaking

-Samples run on Tuesdays and Fridays

-Please ship samples via Fed Ex or UPS Overnight or 2nd Day Air

(Call to inform our lab once samples have been shipped)

An administrative fee of 3.5% will be added to invoices paid by credit card



bioPRYN®

Shipping Address:
 834 N. Century St.
 Visalia, CA 93291

Tube #	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

Tube #	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
31			62		
32			63		
33			64		
34			65		
35			66		
36			67		
37			68		
38			69		
39			70		
40			71		
41			72		
42			73		
43			74		
44			75		
45			76		
46			77		
47			78		
48			79		
49			80		
50			81		
51			82		
52			83		
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54			85		
55			85		
56			86		
57			87		
58			88		
59			89		
60			90		
61			91		