

**Advanced Dairy Diagnostics & Consulting, LLC**

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**Small Ruminant Pregnancy Test Submission Form**

**(Sample must contain at least 2cc blood in red top tube. No need to send on ice UNLESS you are doing tests other than pregnancy testing. Samples must be received by Wednesday in order to have results back the same week. Please call our office with any questions or concerns.)**

Source Farm: \_\_\_\_\_ Address: \_\_\_\_\_

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

Date sampled: \_\_\_/\_\_\_/\_\_\_

Report to: E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Phone \_\_\_\_\_

(Please circle which method you would like your report sent to)

Total # of Samples \_\_\_\_\_ @ \$ 7.00 = \$ \_\_\_\_\_ testing fee

**Please make checks out to: ADDC**

Supplies: 3cc Red top blood tubes (100ct. box) @ \$ 33.00 = \$ \_\_\_\_\_

5cc Red top blood tubes (100ct. box) @ \$ 33.00 = \$ \_\_\_\_\_

Bleeding needles (100ct. box) @ \$ 15.00 = \$ \_\_\_\_\_

Vacutainer sheath (1) @ \$ 1.50 = \$ \_\_\_\_\_

Shipping \$10.00 = \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

\*Please pay S&H **only if** we are shipping tubes, needles, or other supplies **to** you\*

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

<b>Tube #</b>	<b>Animal #/ID</b>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____

<b>Tube #</b>	<b>Animal #/ID</b>
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____

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