

Advanced Dairy Diagnostics & Consulting, LLC

www.dairydoctor.com

362 310th Avenue

Frederic, WI 54837

PHONE: (715) 653-2201 FAX: (715) 653-4301

E-MAIL: dairydoctor@reagan.com

Cattle-Bison Pregnancy Test Submission Form

Please send us at least 2cc blood in red top tube. Kindly arrange so that your samples arrive to us by Wednesday afternoon so that we can report your results the same week.

And please call our office before your first submission—we'd like to meet you!

Your Farm: _____ Address: _____

Your Name: _____

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

___ Fax _____

___ Phone _____

Total # of Samples _____ @ \$ 2.25* = \$ _____ testing fee

Supplies: Red top blood tubes (100ct. box) @ \$ 26.00 = \$ _____

Bleeding needles (100ct. box) @ \$ 26.00 = \$ _____

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

Shipping \$10.00 = \$ _____

Total Enclosed \$ _____

Please make checks out to: ADDC

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

<i>Tube #</i>	<i>Animal #/ID</i>	<i>Tube #</i>	<i>Animal #/ID</i>
1	_____	26	_____
2	_____	27	_____
3	_____	28	_____
4	_____	29	_____
5	_____	30	_____
6	_____	31	_____
7	_____	32	_____
8	_____	33	_____
9	_____	34	_____
10	_____	35	_____
11	_____	36	_____
12	_____	37	_____
13	_____	38	_____
14	_____	39	_____
15	_____	40	_____

16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____

41 _____
42 _____
43 _____
44 _____
45 _____
46 _____
47 _____
48 _____
49 _____
50 _____