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Bovine Pregnancy Test (BPT) Sample Submission Form

Report sent to:

Name _____

Address _____

Member # _____

Phone _____

Fax _____

Email _____

Date Sent _____

Total # of samples _____

Results via: Fax _____ Email _____ Mail _____

Label tubes as illustrated below:

Tube sequence # →

Animal ID # →

2cc or more of whole blood in tube

Please check type of sample:

_____ Blood _____ Milk

PLEASE KEEP THE BELOW RACKING LIST FOR YOUR REFERENCE AND RETURN TOP PORTION WITH YOUR SAMPLES

TUBE #	Animal ID	Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID
1		29		57		85		113	
2		30		58		86		114	
3		31		59		87		115	
4		32		60		88		116	
5		33		61		89		117	
6		34		62		90		118	
7		35		63		91		119	
8		36		64		92		120	
9		37		65		93		121	
10		38		66		94		122	
11		39		67		95		123	
12		40		68		96		124	
13		40		69		97		125	
14		42		70		98		126	
15		43		71		99		127	
16		44		72		100		128	
17		45		73		101		129	
18		46		74		102		130	
19		47		75		103		131	
20		48		76		104		132	
21		49		77		105		133	
22		50		78		106		134	
23		51		79		107		135	
24		52		80		108		136	
25		53		81		109		137	
26		54		82		110		138	
27		55		83		111		139	
28		56		84		112		140	