



Test Better.
Faster. *Smarter.*

Test Submission Form

Blood Pregnancy Testing

Animals must be >60 days post calving and >28 days post breeding.

Results/Invoice to: _____ Date _____

Name _____ Phone _____

Address _____ Fax _____

_____ Email _____

Beef _____ Dairy _____ Bill To _____

Heifers _____ Cows _____ Mixed _____

Technician _____
Date Reported _____

Label tubes sequentially starting with #1 and the animals ID.

Tube #	Animal ID	Days Bred	Results	Tube #	Animal ID	Days Bred	Results
1				20			
2				21			
3				22			
4				23			
5				24			
6				25			
7				26			
8				27			
9				28			
10				29			
11				30			
12				31			
13				32			
14				33			
15				34			
16				35			
17				36			
18				37			
19				38			

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Name _____

Tube #	Animal ID	Days Bred	Results	Tube #	Animal ID	Days Bred	Results
39				67			
40				68			
41				69			
42				70			
43				71			
44				72			
45				73			
46				74			
47				75			
48				76			
49				77			
50				78			
51				79			
52				80			
53				81			
54				82			
55				83			
56				84			
57				85			
58				86			
59				87			
60				88			
61				89			
62				90			
63				91			
64				92			
65				93			
66				94			

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Name _____

Tube #	Animal ID	Days Bred	Results	Tube #	Animal ID	Days Bred	Results
95				123			
96				124			
97				125			
98				126			
99				127			
100				128			
101				129			
102				130			
103				131			
104				132			
105				133			
106				134			
107				135			
108				136			
109				137			
110				138			
111				139			
112				140			
113				141			
114				142			
115				143			
116				144			
117				145			
118				146			
119				147			
120				148			
121				149			
122				150			