

Sample Submission Form



SEK Customer # (if known) _____

Name: _____

Company: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Fax: _____

Email: _____

9525 70th Road -Galesburg, KS - 66740

Report by: Phone: _____ Fax: _____

Email: _____ Mail: _____

Payment is due at the time of testing

Check Number: _____ Amount: _____

**Credit Card Number: _____

CVV Code: _____ Exp. Date: _____

**Please note if name or billing address does not match credit card

Check appropriate test(s) and write animal # on tube and form

- ____ bioPRYN® Blood Pregnancy – BOVINE \$2.60 28 DPB
- ____ bioPRYN® BISON - \$5.00 40 DPB
- ____ bioPRYN® Goat or Sheep -\$3.50 30 DPB
- ____ PI-BVD - \$4.00 (Frozen ear notch or red topped blood tube)*
- ____ Johne's - \$4.75
- ____ Neospora - \$4.50
- ____ BLV(Bovine Leukosis)- \$5.00 ____ CAE/OPP - \$4.50

*Blood sample on animals over 3 months of age for BVD

- Refrigerate samples until shipped
- bioPRYN is started at 2:00 pm T, W, Th
- All other tests are started at 9:00 am
- Use new sheet per test unless all same animals
- Mail and UPS does not deliver until 11:30 so samples should be in-house the day before

Lack of completed submission form may delay results.

- No form = \$.25 per tube charge

DPB=Day Post Breeding

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Tube #	Animal Tag #	DPB
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Tube #	Animal Tag #	DPB
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Tube #	Animal Tag #	DPB
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