

Advanced Dairy Diagnostics & Consulting, LLC

362 310th Avenue - Frederic, WI 54837

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

E-MAIL: dairydoctor@Reagan.com

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 _____ @ \$ 2.95 = \$ _____ testing fee

Please make checks out to: ADDC

Supplies: 3cc Red top blood tubes (100ct. box) @ \$ 26.00 = \$ _____

5cc Red top blood tubes (100ct. box) @ \$ 26.00 = \$ _____

Bleeding needles (100ct. box) @ \$ 24.00 = \$ _____

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)

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

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

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Source Farm: _____ Date: __/__/__

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Small Ruminant Pregnancy Test 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 _____ @ \$ 6.50 = \$ _____ testing fee

Please make checks out to: ADDC

Supplies: 3cc Red top blood tubes (100ct. box) @ \$ 26.00 = \$ _____

5cc Red top blood tubes (100ct. box) @ \$ 26.00 = \$ _____

Bleeding needles (100ct. box) @ \$ 24.00 = \$ _____

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)

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

Tube #	Animal #/ID
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
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32	_____
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34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
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Source Farm: _____ Date: __/__/__

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