

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 - \$3.50 ____ Neospora - \$4.50
- ____ Johne's - \$4.75 ____ CAE/OPP - \$4.50
- ____ BLV(Bovine Leukosis)- \$6.50 or
- BLV 10+ Samples - \$4.50

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

Lack of completed submission form may delay results.

No form = \$.25 charge per tube

DPB=DAYS POST BRED

Friend us on facebook!

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

Tube #	Animal Tag #	Days Bred	Tube #	Animal Tag #	Days Bred
33			67		
34			68		
35			69		
36			70		
37			71		
38			72		
39			73		
40			74		
41			75		
42			76		
43			77		
44			78		
45			79		
46			80		
47			81		
48			82		
49			83		
50			84		
51			85		
52			86		
53			87		
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56			90		
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63			97		
64			98		
65			99		
66			100		