



**Cattle Sample Submission Form for BioPRYN Pregnancy and BVDV Testing**

Office Use Only	
Log #	_____
Amount Enclosed \$	_____
Notes:	_____
Phone: 931.243.2400 or Direct: 615-988-5562 email: <a href="mailto:bioprjn@pmibio.com">bioprjn@pmibio.com</a>	

**Billing Information:**

Company Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Please mail samples and remit payment to:**  
**PMI BioPharma Solutions, LLC.**  
**120 Industrial Park Lane; Celina, TN 38551**  
**Credit card payment available through PayPal:**  
**[bioprjn@pmibio.com](mailto:bioprjn@pmibio.com)**

***Payment must be received prior to processing samples.***

**Optional Information:**

Veterinarian's Name: \_\_\_\_\_  
 Client's Name (if submitted by Vet) \_\_\_\_\_

**Test Options and Cost:**

BioPRYN: \$3.00 BVDV \$3.50  
 # BioPRYN samples: \_\_\_\_\_ x \$3.00 = \$ \_\_\_\_\_  
 # BVDV samples: \_\_\_\_\_ x \$3.50 = \$ \_\_\_\_\_  
 Total Payment Included \$: \_\_\_\_\_

**Preferred Reporting Method:**

Email  
 Phone

**Samples:**

Date Drawn: \_\_\_\_\_ Date Sent: \_\_\_\_\_  
 Number of Samples Submitted: \_\_\_\_\_

Tube #	Animal ID	Days Bred	BioPRYN-Pregnancy	BVDV
1				
2				
3				
4				
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**Instructions for collecting and shipping samples:** <https://www.pmibio.com/additional-services/bioprjn-pregnancy-testing/>

PMI BioPharma Solutions, LLC. Sample Submission Form

Tube #	Animal ID	Days Bred	BioPRYN-Pregnancy	BVDV
25				
26				
27				
28				
29				
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Instructions for collecting and shipping samples: <https://www.pmi.bio.com/additional-services/biopryn-pregnancy-testing/>

**PMI BioPharma Solutions, LLC. Sample Submission Form**

<b>Tube #</b>	<b>Animal ID</b>	<b>Days Bred</b>	<b>BioPRYN-Pregnancy</b>	<b>BVDV</b>
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**Instructions for collecting and shipping samples:** <https://www.pmibio.com/additional-services/biopryn-pregnancy-testing/>