



**Goat and Sheep Sample Submission Form for BioPRYN
Pregnancy and CAE/OPP Testing**

Office Use Only	
Log #	_____
Amount Enclosed \$	_____
Notes:	_____
Phone: 931.243.2400 or Direct: 615-988-5562 email: bioprjn@pmibio.com	

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

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: \$6.50 CAE/OPP \$6.00
 # BioPRYN samples: _____ x \$6.50 = \$ _____
 # CAE/OPP samples: _____ x \$6.00 = \$ _____
 Total Payment Included \$: _____

Preferred Reporting Method:

Email
 Phone

Samples:

Date Drawn: _____ Date Sent: _____
 Number of Samples Submitted: _____

Tube #	Animal ID	Days Bred	BioPRYN-Pregnancy	CAE/OPP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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23				
24				

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	CAE/OPP
25				
26				
27				
28				
29				
30				
31				
32				
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Instructions for collecting and shipping samples: <https://www.pmibio.com/additional-services/biopryn-pregnancy-testing/>

PMI BioPharma Solutions, LLC. Sample Submission Form

Tube #	Animal ID	Days Bred	BioPRYN-Pregnancy	CAE/OPP
70				
71				
72				
73				
74				
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