

biOPRYN[®]

Bison/Buffalo/Yak Sample Submission Form



Sage Ag Labs
 1187 Edgemont Road
 Emmett, Idaho 83617
 Phone: (208) 569-9281
lab@sageaglab.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Payment Included \$ _____ (check or money order)

Payment required at time of testing. Make checks payable to: Sage Laboratories.

Send Report by:

(Preferred method to receive report; check box(es) and include info)

Email: _____

Name & Phone: _____

Office Use Only

Log #: _____

Amount Enclosed \$: _____

Notes: _____

Type of Animal:

Bison Buffalo Yak

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Samples:

Date Drawn: _____ Date Sent: _____

Number of Samples Submitted: _____

Tube #	Animal ID	Days Bred
1		
2		
3		
4		
5		
6		
7		
8		
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11		
12		
13		
14		
15		

Tube #	Animal ID	Days Bred
16		
17		
18		
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21		
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Tube #	Animal ID	Days Bred
31		
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Tube #	Animal ID	Days Bred
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