



BioPRYN SUBMISSION FORM

Submitter (Client) name: _____	Owner: <input type="checkbox"/> check if same as submitter
Address: _____	Paid by: <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____
Postal Code: _____	Credit card Information <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Phone: _____ Fax: _____	# _____ EXP: ____/____
Veterinarian: _____	Email (Owner): _____
Email (Veterinarian): _____	

Date Collected: _____

<input type="checkbox"/> BioPRYN	Invoice to _____	Purchase Order Number: _____	Incident Identifier: _____												
*Species: _____	(if applicable)	HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Samples</th> <th style="width: 25%;">Samples Sent*</th> <th style="width: 25%;">Received</th> <th style="width: 25%;">office use only</th> </tr> <tr> <td>On Cells</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Serum</td> <td></td> <td></td> <td></td> </tr> </table>	Samples	Samples Sent*	Received	office use only	On Cells				Serum				<i>*Biopryn testing is available for bovine, caprine, and ovine.</i>		
Samples	Samples Sent*	Received	office use only												
On Cells															
Serum															

Number	Animal ID		Number	Animal ID		Number	Animal ID
1			31			61	
2			32			62	
3			33			63	
4			34			64	
5			35			65	
6			36			66	
7			37			67	
8			38			68	
9			39			69	
10			40			70	
11			41			71	
12			42			72	
13			43			73	
14			44			74	
15			45			75	
16			46			76	
17			47			77	
18			48			78	
19			49			79	
20			50			80	
21			51			81	
22			52			82	
23			53			83	
24			54			84	
25			55			85	
26			56			86	
27			57			87	
28			58			88	
29			59			89	
30			60			90	