

# Small Ruminant Multi-Service Form

**BioPRYN / CAE&OPP / Johnes / CL**



**Herd Health Diagnostics**  
 1205 Professional Mall Blvd.  
 Suite #109  
 Pullman, WA 99163  
 Phone/Text: 509.715.1131  
[amber@herdhealthdiagnostics.com](mailto:amber@herdhealthdiagnostics.com)  
[www.herdhealthdiagnostics.com](http://www.herdhealthdiagnostics.com)  
 Lab Coupon Code: HHD1

**Billing Information:**

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

**Payment is due at the time of service**

Check # and amount \_\_\_\_\_  
 (make checks payable to HERD HEALTH DIAGNOSTICS)  
 Credit Card # \_\_\_\_\_  
 Expiration date \_\_\_\_\_ 3 Dig Sec. Code \_\_\_\_\_

Services Available	Cost per sample	Total # of tests requested	Rush Service (Yes or No)
BioPRYN	\$6.50		
CAE & OPP	\$4.50		
Caseous Lymphadenitis (CL)	\$8.00		
Johnes (Caprine Only)	\$5.00		
<b>RUSH \$20.00</b> (The RUSH fee is a flat fee per service, not per sample. Contact the lab to coordinate RUSH testing.)			

**Send Report by:**

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

Email: \_\_\_\_\_  
 Call (Name and #): \_\_\_\_\_  
 Text (Name and #): \_\_\_\_\_  
 Mail (sent to address under **Billing Information:**)

**Office Use Only**

Log #: \_\_\_\_\_  
 Amount Enclosed \$: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Optional Information:**

Veterinarian's Name: \_\_\_\_\_  
 Client's Name: \_\_\_\_\_  
 Herd ID: \_\_\_\_\_  
 Who Referred you? Please share where you heard of HHD.  
 \_\_\_\_\_

**Species Tested:**

Caprine  
 Ovine  
 Type of Breed: \_\_\_\_\_

**Breeding Method:**

Buck/Ram  
 Artificial Insemination (AI)  
 Embryo Transfer (ET)

**Samples:**

Date Drawn: \_\_\_\_\_ Date Sent: \_\_\_\_\_  
 Total # of samples submitted: \_\_\_\_\_

Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
1						
2						
3						
4						
5						

Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
6						
7						
8						
9						
10						
11						
12						
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38						
39						
40						

Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
41						
42						
43						
44						
45						
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75						

Tube #	Animal ID	Days post breeding	Write an "X" in the column(s) below to indicate the service(s) requested.			
			BioPRYN	CAE/OPP	CL	Johnes
76						
77						
78						
79						
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