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Farm/Name:		Date:	
How results should be reported: _____phone_____fax_____email_____mail			
Phone #:		Email:	
Fax #:		Address:	
Other:			

IDEXX Visual Pregnancy Test

Tube #	Days Bred	Cow #	Results	Tube #	Days Bred	Cow #	Results
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
10				35			
11				36			
12				37			
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

Cost is \$2.60 per sample.

Test Performed By: IBO