

# DG29<sup>®</sup> BLOOD PREGNANCY TEST SAMPLE SUBMISSION FORM

Date: \_\_\_\_\_

Species:  Bovine  Goat  Sheep

Contact Name: \_\_\_\_\_

Preferred Method of Receiving Results:

Operation Name: \_\_\_\_\_

Email  Fax  Mail

Address: \_\_\_\_\_

### Blood Sample Instructions

City: \_\_\_\_\_

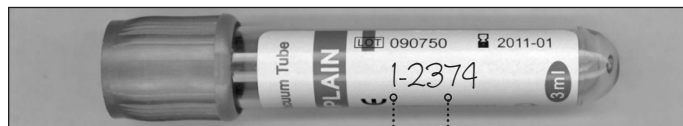
Pull at least a 2cc blood sample after a minimum of 29 days post breeding and 90 days post calving. Note: If testing an embryo transfer recipient, blood sample should be pulled after a minimum of 32 days (embryo is at day 7 when implanted + 25 days = Day 32). With a permanent marker, label each tube with tube number and animal identification.

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

GENEX Account Number: \_\_\_\_\_



Tube# - ID#

OR

VAS Herd Code: \_\_\_\_\_

Tube #	Animal ID	# Days Post Breeding	# Days Post Calving	✓ If Heifer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Tube #	Animal ID	# Days Post Breeding	# Days Post Calving	✓ If Heifer
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

### Return samples to:

AgSource | 403 Cedar Avenue West, Menomonie, WI 54751  
 P: 715.235.1128 | menomonie@agsource.com

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**CONCEPTION**  
 Reproduction - Animal  
[www.conception-animal.com](http://www.conception-animal.com)

Tube #	Animal ID	# Days Post Breeding	# Days Post Calving	✓ If Heifer
31				
32				
33				
34				
35				
36				
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41				
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Tube #	Animal ID	# Days Post Breeding	# Days Post Calving	✓ If Heifer
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