



Pregnancy Testing

This form **must** be signed, completed and accompany samples submitted for testing.

Producer Name*	Third Party Name
Farm Name*	
Address*	Address
Postcode*	Postcode
Telephone	Telephone
Fax	Fax
Email	Email
Results by* (please tick as appropriate) Post <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>	Results by* (please tick as appropriate) Post <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>

SAMPLE DATE*:

*Mandatory Fields

NMR HERD NO*:

Please ensure that the samples are taken 60 days after calving and more than 35 days from the last known service.

Please tick this box to confirm the samples are 35 days from service.

Please test the samples as outlined on the back of this form for PAG testing and invoice me for the testing as per my request.

Signature: _____

Print Name: _____

Date of Submission: _____

Non NMR samples should be sent with this completed form to the address on the Prepaid address label.

NML Wolverhampton or NML Hillington

Customer Services:0844 7255567 – Fax:01902 749938 – Email:customerservices@nmr.co.uk

