



# 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
<b>Results by* (please tick as appropriate)</b> Post <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>	<b>Results by* (please tick as appropriate)</b> Post <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>

<b>SAMPLE DATE*:</b>
<b>NMR HERD NO*:</b>

\*Mandatory Fields

Please ensure that the samples are taken 60 days after calving and more than 35 days from 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:03330 043043 – Fax:01902 749938 – Email:customerservices@nmrp.com

<b>Position</b>	<b>Line Number*</b>	<b>Position</b>	<b>Line Number*</b>
1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
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23		48	
24		49	
25		50	

<b>Position</b>	<b>Line Number*</b>	<b>Position</b>	<b>Line Number*</b>
51		76	
52		77	
53		78	
54		79	
55		80	
56		81	
57		82	
58		83	
59		84	
60		85	
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73		98	
74		99	
75		100	

<b>Position</b>	<b>Line Number*</b>	<b>Position</b>	<b>Line Number*</b>
101		126	
102		127	
103		128	
104		129	
105		130	
106		131	
107		132	
108		133	
109		134	
110		135	
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124		149	
125		150	

<b>Position</b>	<b>Line Number*</b>	<b>Position</b>	<b>Line Number*</b>
151		176	
152		177	
153		178	
154		179	
155		170	
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175		200	