

SemenRate Sample Submission

Please complete this survey as fully as possible and return to RAFT Solutions Ltd along with the semen sample(s) you wish to be analysed. You will be notified upon receipt of sample(s).

<p><u>Section 1. Owner's Details</u></p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Postcode: _____</p> <p>Email: _____</p> <p>Phone: _____</p>	<p><u>Section 2. Sender's Details (if different to Section 1)</u></p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Postcode: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Relationship to Owner: Referring Vet <input type="checkbox"/> Rep <input type="checkbox"/> Farm Employee <input type="checkbox"/></p>
<p><u>Section 3. Invoice Address</u></p> <p>Owner (as above) <input type="checkbox"/> Sender (as above) <input type="checkbox"/></p> <p>Other _____ _____ _____</p>	<p><u>Section 4. Notification</u></p> <p>Who should be notified of sample receipt: Sender <input type="checkbox"/> Owner <input type="checkbox"/> Both <input type="checkbox"/> Other: _____</p> <p>Notify By: email _____ Text _____ Phone _____</p>

Species: Bovine Equine Porcine

Sample Type: Frozen (complete section 5) Fresh (complete section 6)

Section 5. Please Include Frozen Sample Details below:

Animal Name/ID	Batch #	Number Straws	Sexed?	Straw size	Date into Flask	CASA	Flow Cytometry
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Section 6. Fresh Sample Details (to be completed by collecting vet)

Animal Name/ID	Date	Time	Sample Appearance	Mass Motility	Collected by AV/EEJ	Progressive motility	Volume semen sent	Extender added	CASA	Flow Cytometry
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>