Application for Genomic Testing

Owner Information:

Name:		**Prefix (If Applicable):**	
Email:		**Contact Phone #**	
Signature:		**Date:**	

Submitter Information (if different from Owner):

Name:		**Prefix (If Applicable):**	
Email:		**Contact Phone #**	

Who should receive the results (you can choose both)? Holstein Australia will also receive a copy for all its members.

☐Owner ☐Submitter

Animal Information:

Name:			
Herd Book Num:		**Physical ID Type and #:**	
National Cow ID:		**2nd Physical ID Type and #:**	
Date of Birth:		**National Herd ID:**	
Sire's Bull ID:		**Dam's National Cow ID:**	

Genomic Test Required:	Breeding Values Required:	Confidentiality Required:
☐ ScanTest (7k SNP) ☐ Standard (50k SNP)	☐ ABV(g) only ☐ ABV(g) + TPI(g)* ☐ ABV(g) + GLPI + TPI(g)*#	☐ Immediate Public Release ☐ Confidential for 12 months (males only)

#These samples will be tested via Semex Pty Ltd and results for GLPI and TPI(g) will also be provided to them

***Currently available for females only**

Hair Sample Collection

1) Please select 40 hairs from the switch/brush/tail of the animal.
2) Make sure they are clean and dry.
3) Wrap the hairs around your finger or another object such as a pencil and pull with a rapid, sharp motion.
4) Make sure there are hooked or bulbous hair roots visible on the hair.
5) Place the follicles in the box as shown below and place the supplied label, or if there is no label, transparent tape, where indicated.
6) You may trim the hair where indicated.
7) Fold this paper into quarters and place in the supplied storage bag.
8) **Return to:**
   Holstein Australia
   Attn: Genomic Testing
   P.O. Box 489
   Hawthorn BC, VIC 3122

Place hair follicles/roots here

Place provided label/tape here

Trim Excess Hair here

I, the Submitter, confirm that the above information is true and correct. By signing below, I certify that the animal listed above was identified at the time the sample was taken using the registration certificate or other physical identification and that the sample was taken according to the printed instructions above. By requesting foreign breeding value results, I acknowledge that I will be bound by the providing entity's rules and regulations

Signature: _____

Name: _____

Date: _____