



APPLICATION FOR DNA TYPING SERVICES

ONE COMPLETED APPLICATION FORM PER SAMPLE

Owner:.....
Address:.....
.....
.....
Postcode:..... Date Sample Collected:

Phone:..... Fax:.....
E-Mail:.....
Member No.....
Signature of Owner / Representative:.....

ABN: 87 455 118 302

SERVICE REQUIRED:
(please tick)

BLAD
Citrullinaemia
Red Factor
CVM

CASE NO:

Stud Name of Animal:.....Herd Rec No.....

Breed:..... Date of Birth:...../...../..... Sex (M/F)

Registration Number:.....Ear Tag Number:.....Tick if Animal a Twin

Please note: If you require parentage verification as well as the DNA service/s requested, the DNA PARENTAGE VERIFICATION form must also be completed and submitted with a separate hair sample.