



# 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:

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

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

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

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**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.