

# Bovine Genetic Testing Submission Form

G:



Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 FAX # OR EMAIL: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiration Date (xx/xx) \_\_\_\_\_ CVV# \_\_\_\_\_  
 Assn. Member #: \_\_\_\_\_ Name: \_\_\_\_\_

SAMPLES : Hair Card, blood card

REPORT BY:

Purple top tube, Thawed Semer

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

9525 70th Rd, Galesburg, KS  
 66740 (620) 763-2211

EMAIL: \_\_\_\_\_ MAIL: \_\_\_\_\_

Price per test:

AM: \$24\* TH: \$26 Homozygous color: \$24 DS: \$30  
 CA: \$24\* PHA: \$26 DNA: \$26 (For own info. only) Dilution Gene: \$32  
 NH: \$24\* DD: \$30 A2 Beta-Casein: \$16 Polled: \$58  
 OS: \$20 OH: \$22



\*AM,CA,NH: Price for all three test per sample: \$58, two tests: \$45

**Please include payment with samples!**

	Test: AM, CA, DS, NH, PHA, TH, DD, COLOR, A2, ect.	REGISTRATION NUMBER	*TAG #	*Breed	*Birth Date	*Sex (B/S/C)	*Sire Reg. # and Breed	*Dam Reg. # and breed	Bar Code on Hair Card or Blood card
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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15									
16									
17									
18									
19									
20									

SUBMIT TO  
ASSOCIATION

Y / N  
 Y / N  
 Y / N  
 Y / N  
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 Y / N  
 Y / N  
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 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N

Required for Registered Animals

\*Required for Unregistered Animals



Insufficient or contaminated samples can result in "No Reading". All tests take approx. 3 weeks.

