

# 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 Semen

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

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

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

Price per test:	AM: \$24* TH: \$26	Homozygous color: \$24	OH: \$24
	CA: \$24* PHA: \$26	DNA: \$26 (For own info. only)	OS: \$20
	NH: \$24* DD: \$30	A2 Beta-Casein: \$20	Polled: \$58
	DS: \$30	Red Charlie Gene: \$24	

\*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									
14									
15									
16									
17									
18									
19									
20									

SUBMIT TO ASSOCIATION

Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 Y / N  
 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.



