



DNA Test Order Form

Veterinary clinic/Company

Name:
Address:
Zip code:
Town:
Country:
VAT No.:
E-mail:
Phone:

Owner/Breeder

First name:
Last name:
Address:
Zip code:
Town:
Country:
E-mail:
Phone:

Sampling date:

Confirmation of the animal identity, accuracy of animal information and biological sample

Vet's signature and stamp*:

**By signing this document you confirm that you have taken the sample and confirmed the identity of this animal (optional)*

Invoice to: Clinic/company owner/breeder

Payment: cash credit/debit card PayPal bank transfer

Animal

Sex: female male **Sample type:** swab blood other

Name:

Breed: Date of birth:

Birth certificate No.: Microchip No.:

Tattoo No.: Registration No.:

Order (mark the tests you want to order for this animal)

Cattle - inherited disorders

- Bovine Leukocyte Adhesion Deficiency (BLAD)
- Complex Vertebral Malformation (CVM)
- Freemartinism

Cattle - infectious diseases

- Anaplasma phagocytophilum
- Tick-borne encephalitis virus (TBEV)
- Borrelia burgdorferi

Cattle - other

- DNA storage/banking
- Genotyping
- Parentage (Dame, Sire, 1 Offspring)

Not on the list:

Coupon No.:

Signature*:

** By signing the form you acknowledge that you have read and accepted the Terms of Service www.animalabs.com*