



GenServe Laboratories™
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FOR LABORATORY USE ONLY
Case No.
Date Received

Bison

APPLICATION FOR TESTING PLEASE TYPE – or - PRINT CLEARLY

NAME OF OWNER	BREED	Owner Contact Information
		Phone Number: ()
FARM NAME	Postal Code	Fax Number: ()
Mailing Address	City or Town	Prov.
		Email:

ANIMAL IDENTIFICATION			PARENTS*	
NAME, TATTOO, HEALTH OF ANIMAL TAG NUMBER, PROVINCIAL TAG NUMBER, and SRC Case No. (if previously submitted)	DATE of BIRTH (dd/mm/yyyy)	SEX	SIRE Name, Health of Animal No. and SRC Case No.	DAM Name, Health of Animal No. and SRC Case No.

*if there is doubt concerning the true parents, state facts and list possible alternates with breeding dates, if known, on the reverse side.

TEST TYPES (Check the requested tests)

Genotype Only _____
 (no parentage)

- Parentage Test:
- a) Verify to Sire only _____
 - b) Verify to Dam only _____
 - c) Verify to Sire and Dam _____

PAY BY: Cheque*, Money Order, VISA or MASTERCARD

Name on Credit Card: _____
 Credit Card Number: _____
 Expiry Date: _____

*make cheques payable to GenServe Laboratories

CERTIFICATION OF IDENTIFICATION OF ANIMALS

I hereby certify that I have properly identified all animals listed above and that each sample was correctly labeled.

DATE _____

SIGNATURE _____
 (Owner, Leasee or Authorized Agent)