



GenServe Laboratories™
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FOR LABORATORY USE ONLY

Case No.

Date Received

Cattle

APPLICATION FOR TESTING PLEASE TYPE – or - PRINT CLEARLY

BREED		SPECIES			Date animals sampled	Phone: ()
Name of Owner			Postal Code		Name of person taking sample	
Mailing Address			City or Town		Prov.	Address and phone no. of person noted above

CALVES					PARENTS*	
NAME and REGISTRATION NO.	DATE of BIRTH (dd/mm/yyyy)	TATTOO		SEX	SIRE Name and Registration No.	DAM Name and Registration No.
		Lt. ear	Rt. ear			

*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 _____

Other Tests: Coat Colour _____ Polled* _____ Kappa-Casein _____
Karyotype _____ BLAD _____ Chondrodysplasia _____
Freemartin _____ Proto _____

CERTIFICATION OF IDENTIFICATION OF ANIMALS

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

- Please contact the lab prior to submitting samples for Polled testing

DATE _____

SIGNATURE _____
(Owner, Leasee or Authorized Agent)