

Canine Parentage Verification

Request No.:

Filled in by
laboratory



Addressee:
GeneControl GmbH
Senator-Gerauer-Str. 23a
85586 Poing
Deutschland

Customer: (=Address for invoice)
Name, Address, Phone, Fax, Email

Mark with a cross where applicable:

- | | | |
|---|---|------------------|
| <input type="checkbox"/> DNA-Profile | <input type="checkbox"/> Parentage Verification | Date of receipt: |
| <input type="checkbox"/> Microsatellite Type Card | <input type="checkbox"/> Verification of Identity | |

Offspring

Reg.No. <input style="width: 95%;" type="text"/>	Date of birth:	Sample ID <small style="float: right;">filled in by laboratory</small>
Name:	Breed	<input type="checkbox"/> m <input type="checkbox"/> f

Possible sire 1

Reg.No. <input style="width: 95%;" type="text"/>	Date of birth:	Sample ID
Name:	Breed	

Possible sire 2

Reg.No. <input style="width: 95%;" type="text"/>	Date of birth:	Sample ID
Name:	Breed	

Possible sire 3

Reg.No. <input style="width: 95%;" type="text"/>	Date of birth:	Sample ID
Name:	Breed	

Dam

Reg.No. <input style="width: 95%;" type="text"/>	Date of birth:	Sample ID
Name:	Breed	

Only those orders can be processed which are signed by the customer

Date, Signature

I accept the Terms and Conditions of GeneControl GmbH. These can be viewed at <https://www.genecontrol.de> or be requested through the office and are part of the assignment. Furthermore, I agree to the execution of the service before the cancellation period expires.

Copy of report to:

Name, Address, Phone, Fax, Email