

Equine 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:

DNA-Profile

Parentage Verification

Date of receipt:

Microsatellite Type Card

Verification of Identity

Offspring

Reg.No.		Date of birth:	Sample ID	filled in by laboratory
Name:		Breed	<input type="checkbox"/> m <input type="checkbox"/> f	

Possible sire 1

Reg.No.		Date of birth:	Sample ID
Name:		Breed	

Possible sire 2

Reg.No.		Date of birth:	Sample ID
Name:		Breed	

Possible sire 3

Reg.No.		Date of birth:	Sample ID
Name:		Breed	

Dam

Reg.No.		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

--