

# Parentage Verification Icelandic Horse - WorldFengur

Request No.:



**Addressee:**

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

**Customer: (=Address for invoice)**

Name, Address, Phone, Fax, Email

**Please mark 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 |                  |
| <input type="checkbox"/> Extended marker set of Icelandic Horses |   |                  |

**Offspring**

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

**Possible Sire 1**

Reg. No.:		Date of Birth:		Sample ID	
FEIF-ID:	Breed: ISL	Name:			

**Possible Sire 2**

Reg. No.:		Date of Birth:		Sample ID	
FEIF-ID:	Breed: ISL	Name:			

**Possible Sire 3**

Reg. No.:		Date of Birth:		Sample ID	
FEIF-ID:	Breed: ISL	Name:			

**Dam**

Reg. No.:		Date of Birth:		Sample ID	
FEIF-ID:	Breed: ISL	Name:			

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