

Ovine Parentage Verification

Request No.:

filled in by
laboratory



Addressee:

GeneControl GmbH
Senator-Gerauer-Str. 23a
85586 POING
GERMANY

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
Herd book no.		Name:	Breed <input type="checkbox"/> m <input type="checkbox"/> f

Possible sire 1

Reg.No.		Date of birth:	Sample ID:
Herd book no.		Name:	Breed

Possible sire 2

Reg.No.		Date of birth:	Sample ID:
Herd book no.		Name:	Breed

Possible sire 3

Reg.No.		Date of birth:	Sample ID:
Herd book no.		Name:	Breed

Dam

Reg.No.		Date of birth:	Sample ID:
Herd book no.		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