

Porcine 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

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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

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