

# Canine Sample Submission Form

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

**Animal information:**

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

**Mark with a cross where applicable:**

**Disease testing**

CSNB (Congenital stationary night blindness)

Date of receipt

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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