

Porcine sample submission form

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

Animal information:

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

Mark with a cross where applicable:

Date of receipt: _____

Other specifications

- Malignant Hyperthermia (MHS)
- Resistance to Coli-F18 (FUT1)

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