

Bovine Sample Submission Form

Submission no.:

Filled in by
laboratory



Receiver:

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

Customer: (=Address for invoice)

Name, Address, Phone, Fax, Email

Reg.no.		Date of birth:	Sample ID: filled in by laboratory
Herd book no.		Name:	Breed:

For orders on additional animals please see page 2

Mark with a cross where applicable:

Date of receipt: _____

Other traits

- Red factor [ED/E+/e] (RFR)
- Dexter breed Dun coat colour (DUR)
- Sex determination (GER)
- KAPPA-Casein (K)
- Freemartinism (ZW) ¹
- Polledness (POL)
- β -Casein [A1/A2] (BCS)

Disease testing

- Bovine Leukocyte adhesion deficiency (BLAD)
- Spinal Dysmyelogenesis (SDM)
- Spinal muscular atrophy (SMA)
- Dystrophic Epidermolysis bullosa (DEB)
- Arachnomelia Fleckvieh breed (A)
- Arachnomelia Braunvieh breed (BVA)
- Dwarfism (DW)
- Brown Swiss breed haplotype 2 (BH2)
- Fleckvieh breed haplotype 2 (FH2)
- Fleckvieh breed haplotype 4 (FH4)
- Fleckvieh breed haplotype 5 (FH5)
- Thrombopathia (TP)
- Bovine male subfertility (BMS)
- Double muscling (variant nt821)
- Weaver (W)
- ZincDeficiencyLike Syndrome (ZDL)
- Cerebelar Ataxia, Charolais breed (AC)

¹ Blood sample required

Only those orders can be processed which were 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

Animal information

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