



smart science solutions

SASKATCHEWAN RESEARCH COUNCIL
 GENSERVE LABORATORIES
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 S7N 2X8

Cattle

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FOR LABORATORY USE ONLY
Case No.
Date Received

APPLICATION FOR TESTING

PLEASE TYPE – or – PRINT CLEARLY

BREED	SPECIES	Date animals sampled	Phone: ()
NAME OF OWNER	Postal Code	Name of person taking sample	
Mailing Address	City or Town	Prov.	Address and phone no. of person noted above

CALVES					PARENTS*	
NAME and REGISTRATION NO.	DATE of BIRTH (dd/mm/yyyy)	TATTOO		SEX	SIRE Name and Registration No.	DAM Name and Registration No.
		Lt. ear	Rt. ear			

* if there is doubt concerning the true parents, state facts and list possible alternates with breeding dates, if known, on the reverse side.

TEST TYPES (Check the requested tests)

Genotype Only _____
 (no parentage)

Parentage Test:

- a) Verify to Sire only _____
- b) Verify to Dam only _____
- c) Verify to Sire and Dam _____

Other Tests:

- Coat Colour _____
- *Polled _____
- Kappa-Casein _____
- Karyotype _____
- BLAD _____
- Chondrodysplasia _____
- Freemartin _____
- Proto _____

CERTIFICATION OF IDENTIFICATION OF ANIMALS

I hereby certify that I have properly identified all animals listed above and that each sample was correctly labelled.

DATE _____

SIGNATURE _____
 (Owner, Leasee or Authorized Agent)

- Please contact the lab prior to submitting samples for Polled testing