



smart science solutions

SASKATCHEWAN RESEARCH COUNCIL
GENSERVE LABORATORIES
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EIk

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FOR LABORATORY USE ONLY
Case No.
Date Received

APPLICATION FOR TESTING PLEASE TYPE - or - PRINT CLEARLY

NAME OF OWNER
FARM NAME
Mailing Address City or Town Prov. Postal Code
Owner Contact Information
Phone Number: ()
Fax Number: ()
Email:

Table with columns: ANIMAL IDENTIFICATION (NAME, TATTOO, HEALTH OF ANIMAL TAG NUMBER, PROVINCIAL TAG NUMBER, and SRC Case No., DATE of BIRTH, SEX) and PARENTS* (SIRE, DAM).

* 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

PAY BY: Cheque*, Money Order, VISA or MASTERCARD

Name on Credit Card:
Credit Card Number:
Expiry Date:

*make cheques payable to Saskatchewan Research Council

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, Lessee or Authorized Agent)