



Canadian Cattle Breeders Association

REQUEST FOR DNA GENETIC MARKER TEST

P.O. Box 610, 20 Corporate Place, Brantford, ON N3T 5R4

Membership Prefix & Identification # (if known) _____

Applicant Name _____

Address _____

Town _____ Prov. _____ Postal Code _____

Country _____

Telephone: Home _____ Fax _____

Signature of Applicant or Person authorized to sign

Date

ANIMAL INFORMATION

Animal Name _____

Animal Registration Number _____ Sex _____

Tattoo _____ Ear Tag Number _____

Date of Birth **DAY / MONTH / YEAR** Semen No. _____

TYPE OF REQUEST

DNA Profile Only

DNA Parentage Verification

Sire Verification Only

Kappa Casein

Dam Verification Only

SAMPLE TYPE

Hair

Blood

Other _____

Possible Sires to be checked Names (List additional sires on reverse side)	Registration #	Check if DNA Profile completed	DNA Case # (if known)
Possible Dams to be checked Names (List additional dams on reverse side)	Registration #	Check if DNA Profile completed	DNA Case # (if known)

Mail this form with the sample directly to the Laboratory:

GenServe Laboratories inc.
101 – 110 Research Drive
Saskatoon SK S7N 3R3