



agriGENOMICS

SAMPLE SUBMISSION and ORDER FORM

PAYMENT **MUST** BE INCLUDED WITH SAMPLES FOR PROCESSING

Producer Information:

Date:	
Name:	Farm/Ranch:
Address:	City, State Zip:
Phone (Home):	Phone (Cell):
E-mail:	
Member Association:	Member ID:

AVAILABLE TESTS:

TH	Tibial Hemimelia	OS	Osteopetrosis
PHA	Pulmonary Hypoplasia with Anasarca	MA	Alpha-Mannosidosis
CC	Black/Red Coat Color	IE	Idiopathic Epilepsy
AM	Arthrogyposis Multiplex	DL	Dilution
NH	Neuropathic Hydrocephalus	HY	Hypotrichosis
CA	Contractural Arachnodactyly	FM	Freemartin
		BD	Bulldog Dwarfism - Chondrodysplasia

Pricing:

Level 1					
TH or PHA or CC	\$25	X	_____	=	_____
Single + 1	\$35	X	_____	=	_____
Single + 2	\$45	X	_____	=	_____
Level 2					
AM, NH, CA, OS, MA, IE, DL, HY, FM, or BD	\$20	X	_____	=	_____
Single + 1	\$30	X	_____	=	_____
Single + 2	\$40	X	_____	=	_____
ANY COMBO 4+ Tests	\$50	X	_____	=	_____

Release Authorization:

Total Cost: _____

I hereby request and authorize the release of Test Results for the samples listed on this Submission and Order Form to the _____ Association. The Owner understands and consents to the Test Results being provided to such association. Owner agrees that the Association shall have no liability or responsibility with respect to the matter covered by this Submission and Order Form, including, without limitation, the Association shall have no liability or responsibility for the reliability or accuracy of the Test, Test Results, or the performance of the Test by AgriGenomics Inc. I hereby indemnify and agree to hold AgriGenomics, Inc harmless for any claims or damages resulting from such release.

Signature: _____

Member ID: _____

