

Bar Code Number

Canadian Gelbvieh Association Application for DNA Testing



Name: _____ Member # _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Email: _____

Animal To Be DNA Genotyped

<u>CDGV#</u>	<u>Sex</u>	<u>Name</u>	<u>Tattoo</u>	<u>Birth Date</u>

DNA Services Requested

Research Project Only _____ No Charge	Parentage Panel (SMP) _____ Call CGA Office For Pricing	Parentage Verification _____ Call CGA Office For Pricing
Multi-Sire Parentage _____ Include List of Alternate Sires Call CGA Office For Pricing	Igenity Panel _____ (\$40.00 + GST) Carcass Composition/Maternal Traits/ Docility/Coat Colour/ Multi-Sire Parentage	GeneSTAR Panel _____ (\$70.00 + GST) Quality Grade/Tenderness/Feed Efficiency

Sire Information For Parentage Verification

<u>CDGV#</u>	<u>Name</u>	<u>DNA</u> (Office Use Only)	<u>Birth Date</u>

Dam Information For Parentage Verification

<u>CDGV#</u>	<u>Name</u>	<u>DNA</u> (Office Use Only)	<u>Birth Date</u>

Certification of Identification

I hereby certify that the animal listed above was identified at the time the hair sample was drawn by brand, tattoo, ear tag, and/or the certificate of registration and such identification has also been recorded on the appropriate envelope or other tissue collection method.

Signature of person taking the sample

Date

Send Completed Form & Tissue Sample To:
Canadian Gelbvieh Association
5160 Skyline Way NE
Calgary, Alberta T2E 6V1