FOR INTERNAL USE ONLY (do not fill)	ORDER FORM	SEQOMICS
Sample ID:	(from 23.08.2024)	Animal Health
Date:	CATTLE GENETIC TESTS	

## **OWNER INFORMATION**

First Name:	Last name:		
Address:			
Billing address:			
City: Phone:	ZIP code:	VAT number:	
Phone:	email <mark>a</mark> :		

## CATTLE (SAMPLE)<sup>b</sup> INFORMATION

No.	ENAR NUMBER	DATE OF BIRTH	SEX	GENETIC TEST/ CLEFT PALATE	GENETIC TEST / POLLEDNESS
				()	
				100	
				0	
				.0	
			0		
			9)		
- 10		1			
		100			
		7			

## STATEMENT OF AGREEMENT<sup>c</sup>

sample was collected and	ormation appearing on this form is correct and true to the best of my knowledge. I hereby affirm that the abelled properly by a veterinarian. I understand that all test results and documentation will be provided to ise specified. I understand that the samples will be biobanked and may be used for in-house purpose.	
Signature: _	Date:	

<sup>a</sup> please provide a valid email address: the result and invoice will be sent via email as pdf, free of charge

<sup>b</sup> only blood samples taken in EDTA tubes are accepted

<sup>c</sup> only signed and dated application forms will be accepted

To calculate the costs, please visit our website or contact us!