

GENETIC VISIONS®

GENETIC MARKER TESTING APPLICATION FOR CATTLE

Customer Name _____ LAST _____ FIRST _____ MI _____

Company/Farm Name _____

Address _____ CITY _____ ST _____ ZIP _____

Phone (____) _____ FAX (____) _____ Email _____

BLOOD SAMPLE PROCEDURE: Have your veterinarian draw a minimum of 2 ml of blood per sample and deposit into a blood tube containing an anticoagulant (i.e. EDTA). Tube must be immediately inverted several times to thoroughly mix sample with anticoagulant to prevent clotting. Blood samples need not be refrigerated, but should immediately be sent with this application, in a standard mailer to: GENETIC VISIONS, INC., 3220 DEMING WAY, SUITE 160, MIDDLETON, WI, 53562-1498. The appropriate per sample fee MUST accompany applications submitted. Expect results within 7-10 days after receipt of samples at Genetic Visions.

HAIR PROCEDURE (Red Factor ONLY): From test animal pull 10-15 hairs from the tail switch ensuring that the root is attached. Place hair into a sandwich bag or envelope containing sample identification. Forward to Genetic Visions.

The following fee schedule applies:

Type of Test	Price Per Sample
Beta-Lactoglobulin (BLG)	\$40
BLAD	\$40
Calpain 316/530	\$40
Citrullinemia	\$40
CVM	\$40
DUMPS	\$40
Freemartin**	\$25
Kappa-Casein (KCN)	\$40
Red Factor (RF)	\$40

Note: If both kappa-casein and beta-lactoglobulin genotype tests are requested on the same sample, a combined price of \$75.00 would apply.

PLEASE NOTE: SAMPLES WILL NOT BE PROCESSED IF FEES DO NOT ACCOMPANY SAMPLES, OR APPLICATIONS ARE NOT SIGNED.

**The "Y" chromosome can be detected in blood at birth and beyond. Its presence in the female's blood indicates a freemartin.

INFORMATION PERTAINING TO SAMPLE:

The following information is optional, but is required if Genetic Visions is to certify, verify and/or report to appropriate designee:

Name/Reg.#/ I.D.#	Date of Birth	Sex (M/F)	Breed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

√ Each Test Requesting								
BLG	BLAD*	CALP.	CITRUL.*	CVM*	DUMPS*	FM*	KCN	RF*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(✓) *SEND A COPY OF MY TEST RESULTS TO THE HOLSTEIN ASSOCIATION. (✓) *SEND A COPY OF MY FREEMARTIN TEST RESULTS TO MY BREED ASSOCIATION.

STATEMENT BY VETERINARIAN: I, _____, State Veterinarian License No. _____ in the state of _____, have checked the identity of the animals listed above against their registration certificates and verify that the blood samples submitted herewith were drawn by me from these animals in accordance with the instructions set forth above.

CUSTOMER ACKNOWLEDGEMENT: I certify that all information included on this application is true and correct. I further certify that I have read and understand the "Disclaimer and Release" located at the bottom of this application and agree to be bound by its terms.

Veterinarian Signature _____

Customer Signature _____
Date _____

DISCLAIMER and RELEASE

Genetic Visions, Inc. specifically disclaims any and all warranties or representations, including any implied warranties, with respect to genetic marker testing procedures and the interpretations of the test results.

Owner warrants and represents to Genetic Visions, Inc. that he/she is knowledgeable in the field of livestock genetics and is capable of independently evaluating the genetic marker testing procedures, and the results generated by the testing procedures. Owner further acknowledges that the genetic marker testing procedures and the test results generated are only one of many factors to be considered in livestock selection.

Owner agrees that any sample submitted to Genetic Visions, Inc. for testing shall become the property of Genetic Visions, Inc. The owner further authorizes Genetic Visions, Inc. to utilize the genetic marker test results and the results of any additional tests performed on the sample in any private or public research. Owner further understands that the test results may be published in connection with such research.

In consideration of the testing services to be provided by Genetic Visions, Inc., owner hereby agrees to release Genetic Visions, Inc. and its officers, directors, shareholders, employees, and agents from any and all claims, causes of action, and liability of every kind, nature, and description, whether administrative or civil in nature, and whether for actual or punitive damages, arising out of or related to any act or omission by Genetic Visions, Inc. with respect to the testing procedures to be performed or the interpretation of the test results.

FOR OFFICE USE ONLY: C# _____ CD# _____ F _____
DR _____

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