

Customer Name _____
LAST FIRST MI

Company / Farm Name _____ DHI Herd Code _____

Address _____
CITY STATE ZIP

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

Test	Price/Sample	Test	Price/Sample	Test	Price/Sample	Genomic Test	(Call for Pricing)
Freemartin (FM)*	\$25	BLAD*	\$40	Red Factor (RF)*	\$40	Low Density (GP3)	26K Chip
Kappa-Casein (KCN)	\$30	DUMPS*	\$40	Dominant Red (DR)*	\$30	High Density (GHD)	80K Chip
Beta-Casein (BCN)	\$40	CVM*	\$40	PLEASE NOTE: SAMPLES WILL NOT BE PROCESSED IF FEES DO NOT ACCOMPANY SAMPLES, OR APPLICATIONS ARE NOT SIGNED.			
Beta-Lactoglobulin (BLG)	\$30	Citrullinemia*	\$30				
Fishy Off-Flavor (FMO3)	\$30	Factor XI*	\$30				

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	√ Each Test Requesting													
				FM*	KCN	BCN	BLG	FMO3	BLAD*	DUMPS*	CVM*	CITRUL.*	FXI*	RF*	DR*	GP3	GHD
1. _____	_____	_____	_____	<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"/>
2. _____	_____	_____	_____	<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"/>
3. _____	_____	_____	_____	<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"/>
4. _____	_____	_____	_____	<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"/>
5. _____	_____	_____	_____	<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"/>
6. _____	_____	_____	_____	<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.

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: From test animal pull 30-50 clean, dry hairs (manure free) 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.

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.

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: DR _____ F _____