

Genetic Defect Testing Submission Form

Name: _____
 Address: _____

 Phone Number: _____
 FAX NUMBER OR EMAIL: _____
 Credit Card Number: _____
 Expiration Date (xx/xx) _____ CVV2 _____
 Association Membership Number: _____



SEK GENETICS
 1-800-443-6389 GALESBURG, KANSAS

REPORT BY:

PHONE: _____ FAX: _____
 EMAIL: _____ MAIL: _____

Price per sample: \$24 (AM, NH, CA)
 Price for two test combination per sample: \$45
 Price for all three test per sample: \$58
Please submit payment with samples!

#	Results (Office Use)	Test (AM, CA, NH)	REGISTRATION NUMBER	*TAG/TATTOO	*Breed	*Birth Date	*Sex (B/S/C)	*Sire Reg. Number	*Dam Reg. Number	Bar Code (Office use)
1										
2										
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18										
19										
20										



Required for Registered Animals

*Required for Unregistered Animals

