



genotype request form

OWNER / SUBMITTER INFORMATION (BILL TO)

Prefix / Farm Name

Contact Phone #

Name (please print)

Email

Signature

ANIMAL INFORMATION

Registration No.

Herd Management No.

Name

DNA SAMPLE PROVIDED

- Hair - see instructions --->
- Swab (sample kits must be ordered in advance; include this form with submitted kits)
- Tissue Sample Unit (TSU) can be taped below

HAIR COLLECTION GUIDELINES:

- Pull at least 40 hairs from a clean/dry tail with visible hair roots (follicles)
- Position all hair roots / follicles together at one end
- Secure with adhesive tape wrapped on the shaft approximately one inch from the hair roots / follicles
- Attach sample to the application below



NOTE: IF YOU REQUIRE A TEST FROM SECTION 1 AND SECTION 2, PLEASE USE SEPARATE FORMS & SAMPLES

To prevent cross contamination, when submitting more than one sample ensure that each sample is in a separate envelope.

Section 1

GENOMIC TEST REQUEST (Includes parentage verification)

- | | |
|---|---|
| <input type="checkbox"/> LD SNP Panel \$45 | <input type="checkbox"/> LD SNP Panel Plus \$60 |
| <input type="checkbox"/> MD SNP Panel \$135 | (includes the following) |
| | LD SNP Panel, BLAD, Coat Colour, DUMPS |

Diagnostic Test(s)

- | | |
|---|--|
| <input type="checkbox"/> BLAD \$35 | <input type="checkbox"/> DUMPS \$35 |
| <input type="checkbox"/> Brachyspina \$65 | <input type="checkbox"/> Mulefoot \$160 |
| <input type="checkbox"/> Coat Colour \$35 | <input type="checkbox"/> Polled \$40 |
| <input type="checkbox"/> CVM \$40 | <input type="checkbox"/> Cholesterol Deficiency \$40 |
| | <input type="checkbox"/> Beta Casein A2 \$15 |

US GENOMIC VALUES

- | | | |
|--|--|--|
| <input type="checkbox"/> HO Females \$20 | <input type="checkbox"/> HO Males \$225 - if over 15 months of age \$760 | <input type="checkbox"/> Do not distribute results from this animal to AI organization members of CDN (males only) |
| <input type="checkbox"/> JE Females \$44 | <input type="checkbox"/> JE Males \$265 - if over 15 months of age \$800 | |

OR

Section 2

MICROSATELLITE TEST REQUEST

parentage verification- only to support international export of genetics (embryos, semen or live animals) \$45

All results are made public, published on official documents and the Animal Inquiry page of Holstein Canada website. Prices in effect January 1, 2016 and are subject to change without notice. Branch activity fees apply to Parentage and Diagnostic Tests. All of the above fees are subject to applicable tax. For more information regarding these services visit our website at WWW.HOLSTEIN.CA or call customer service at 1-855-756-8300 ext. 410.

MAIL TO:

HOLSTEIN CANADA | ATTENTION: GENOTYPING TESTING P.O. BOX 610, 20 CORPORATE PLACE BRANTFORD, ON N3T 5R4

V.25.5.16