

## BROWN SWISS ASSOCIATION DNA TESTING REQUEST

### INSTRUCTIONS

1. Print or type clearly. The Brown Swiss Association will not be responsible for errors as a result of incomplete or illegible forms.
2. To ensure a satisfactory result, please complete this form in full. Kits will not be sent until payment is received.
3. To ensure confidentiality, results will not be provided by phone and will only be emailed or mailed to addresses submitted below.  
For assistance or questions concerning testing and interpretation of results, please contact 608-365-4474 ext. 22 or email: [ahorn@brownswissusa.com](mailto:ahorn@brownswissusa.com).
4. Request form may be submitted via email to: [ahorn@brownswissusa.com](mailto:ahorn@brownswissusa.com), fax to: 608-365-5577 or mail to:  
Attn: DNA Testing, Brown Swiss Association, 800 Pleasant Street, Beloit, WI 53511
5. When receive DNA kit, take sample according to the type of kit you receive. For Hair test: Please pull at least 30 hair strands with visible root bulbs from a clean, dry tail switch. Note: Freemartin tests must be done with an FTA blood card. For blood test, use a lancet to drip blood on an FTA Blood card.
6. Send sample with kit to: Maxxam Analytics, PO Box 670, PMB 19, Lewiston, NY 14092

### OWNER INFORMATION

Name:	Phone #:
Complete Address:	
Email Address:	

### NAME & ADDRESS WHERE RESULTS & KIT ARE BEING SENT (If different than above)

Name:	Phone #:
Complete Address:	
Email Address:	

### ANIMAL DETAILS

Animal Name:	Herdcode:	
Registration #:	Birthdate:	Tattoo:
Sire Reg#:	Gender (check one)	
Dam Reg#:	<input type="checkbox"/> Female	<input type="checkbox"/> Male

### DNA TESTS Kit Cost

<input type="checkbox"/> Male DNA for Parentage	\$50.00		
<input type="checkbox"/> Female DNA for Parentage	\$45.00		
<input type="checkbox"/> SMA (Spinal Muscular Atrophy)	\$53.00		
<input type="checkbox"/> Kappa Casein (DNA)	\$45.00		
<input type="checkbox"/> Free Martin Test (DNA) (FTA blood card)	\$30.00		

### PAYMENT OPTIONS

<input type="checkbox"/> Check Enclosed Ck #:	\$	<input type="checkbox"/> Charge CC on file	
Card #:	Expiry Date:		Sec. Code:
Cardholder Name ( <i>exactly as appears on card</i> ):			
Cardholder Address:			
Cardholder Signature:			Date:

### SIGNATURE

I understand that the above information is accurate to the best of my knowledge and agree to work with the Brown Swiss Cattle Breeders' Association to resolve parentage conflicts.

Signed:	Date Sent:
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