

BROWN SWISS ASSOCIATION GENETIC 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. 16 or email genetictesting@brownswissusa.com.
4. Request form may be submitted via email to genetictesting@brownswissusa.com, fax to 608-365-5577 or mail to: 800 Pleasant Street, Beloit, WI 53511 Attn: Genetic Testing.

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: _____ Gender (check one) _____ Tattoo: _____

Sire Reg#: _____ Dam Reg#: _____ Female Male

Dam Reg#: _____ Female Male

TEST TYPE - RATE CODE Genomics or DNA

Males: Rate Code 1 BSA/PTPR = \$15.00; **Rate Code 2** Classification or DHI Records = \$22.00; **Rate Code 3** No Classification/DHI records = \$150.00. **Females: Rate Code 1** BSA/PTPR = \$0.00; **Rate Code 2** Classification or DHI Records = \$1.00; **Rate Code 3** No Classification/DHI records=\$3.00. **International requests** -- call the office for pricing 608-365-4474.

DNA /GENOMICS TESTS Kit Cost + Rate Code (1, 2, 3) = Final Cost (kit + Rate Code Charge)

<input type="checkbox"/> Genomic Parentage Verification Only Donor Dam ET	\$45.00		
<input type="checkbox"/> Genomic Results (LD) Includes Parentage	\$45.00		
Male <input type="checkbox"/> Female <input type="checkbox"/>			
<input type="checkbox"/> Genomic Results (HD) Includes Parentage	\$125.00		
Male <input type="checkbox"/> Female <input type="checkbox"/>			
<input type="checkbox"/> Male DNA for Parentage	\$50.00	Does not apply	Does not apply
<input type="checkbox"/> Female DNA for Parentage	\$45.00	Does not apply	Does not apply
<input type="checkbox"/> SMA (Spinal Muscular Atrophy)	\$53.00	Does not apply	Does not apply
<input type="checkbox"/> Kappa Casein (DNA)	\$45.00	Does not apply	Does not apply
<input type="checkbox"/> Free Martin Test (DNA)	\$30.00	Does not apply	Does not apply

PAYMENT OPTIONS

Check Enclosed \$ _____ Charge CC on file

Card #: _____ Expiry Date: _____ Sec. Code: _____

Cardholder Name (*exactly as appears on card*): _____

Cardholder Address: _____

Cardholder Signature: _____ Date: _____

SIGNATURE

I understand that the above information is accurate to the best of my knowledge, agree to work with the Brown Swiss Cattle Breeders' Association to resolve parentage conflicts and understand that this animal will only receive a genomic evaluation if designated so above.

Signed: _____ Date Sent: _____