

## Booroola Submission Form

### Submitter:

Name:
Address:
Phone:
Fax:
Email:
Position (i.e. vet, manager etc.):

### Owner:

Name:
Address:
Phone:
Fax:
Email:
Date sent:

### Species:

### Breed:

### Service required:

### Sample Type: (number of each submitted)

Blood (tube)	<input type="text"/>
Blood (easiTrace Sampler)	<input type="text"/>
Semen	<input type="text"/>
Tissue	<input type="text"/>
Total Number of Samples	<input type="text"/>

**Results:** Please send by EMAIL  FAX  POST  I also require a hard copy to be posted to me

Please complete the reverse of this form. It can accommodate up to 24 samples but you may photocopy more as required or alternatively email Genomnz™ in excel format. If you know the Genomnz Reference of the supposed parents, enter in the space provided or enter the sires and dams onto a separate form if necessary. If there are many parent possibilities or combinations (mix and match) where possible we would prefer this information electronically. Please write your specific instructions for the laboratory in the space below.

### Instructions to Genomnz™

### ACKNOWLEDGEMENT

The Submitter acknowledges that the samples are submitted on the condition that all profiles derived from the samples will be incorporated into the Genomnz database and may be used for the verification of the parentage of any animal at any time. Genomnz retains ownership of all information and all intellectual property derived from the preparation of the samples and the analysis of them. We will store the samples indefinitely unless otherwise advised in writing. Genomnz™ does not claim ownership of any samples submitted for testing. Samples will be released if requested (in writing) to the submitter or the owner as identified on the submission form Genomnz will maintain client confidentiality at all times. The submitter verifies that the animal information submitted on this form is true and correct.

Submitter signature \_\_\_\_\_ Capacity of signatory \_\_\_\_\_

Where this form is signed on behalf of a trust, company or other organisation please state the capacity of the person signing

