



MiP & PV Testing

FOR LABORATORY USE ONLY

APPLICATION FOR TESTING PLEASE TYPE – or - PRINT CLEARLY

BREED		SPECIES		Date animals sampled	Phone: ()
Name of Owner			Postal Code		Name of person taking sample
Mailing Address			City or Town	Prov.	Address and phone no. of person noted above

CALVES				PARENTS*		
NAME and REGISTRATION NO.	DATE of BIRTH (dd/mm/yyyy)	TATTOO		SEX	SIRE Name and Registration No.	DAM Name and Registration No.
		Lt. ear	Rt. ear			

*if there is doubt concerning the true parents, state facts and list possible alternates with breeding dates, if known, on the reverse side.

TEST TYPES (Check the requested tests)

MiP (Genotype Only) <input type="checkbox"/>	PV (Parentage Only):	a) Verify to Sire only <input type="checkbox"/>	MiP + PV	a) Verify to Sire only <input type="checkbox"/>	Other Tests:	Q-select <input type="checkbox"/>
	b) Verify to Dam only <input type="checkbox"/>	b) Verify to Dam only <input type="checkbox"/>	b) Verify to Sire and Dam <input type="checkbox"/>	Dilutor <input type="checkbox"/>		Polled <input type="checkbox"/>
	c) Verify to Sire and Dam <input type="checkbox"/>	c) Verify to Sire and Dam <input type="checkbox"/>		Myostatin <input type="checkbox"/>		Coat Colour <input type="checkbox"/>

CERTIFICATION OF IDENTIFICATION OF ANIMALS

I hereby certify that I have properly identified all animals listed above and that each sample was correctly labeled.

DATE _____

SIGNATURE _____

(Owner, Lease or Authorized Agent)

SEND SAMPLE TO: HWY 16 E & Floral Rd
Site 501 Comp 11, RR 5 Station Main
Saskatoon, SK, S7K 3J8, Canada