

Complete both sides of this form and send it with payment and sample collectors to the freepost address stated.

Customer Name: Farm/Organisation:		Breed Code	Sex (M/F)	Sire / Dam / Calf (for parentage)	Please select test/s required												Cost Per Animal*		
Customer Signature: Date:					IGENITY Profile - Beef	Alpha-mannosidosis (MA)	Arthrogyposis Multiplex (AM)	Contractural Arachnodactyly (CA)	Ineuropathic Hydrocephalus (NH)	Osteopetrosis (OS)	Tibial Hemimelia (TH)	Pulmonary Hypoplasia with Anasarca (PHA)	Coat Color Dilutor (DL)	Idiopathic Epilepsy (IE)	Myostatin (MY)	Chondrodysplasia (CHO)		Dun (DN)	
Animal I.D. Number or Reg No.	Hair Collector Barcode No.																		
1																	£	.	
2																	£	.	
3																	£	.	
4																	£	.	
5																	£	.	
6																	£	.	
7																	£	.	
8																	£	.	
9																	£	.	
10																	£	.	
																Total Cost *		£	.
																Plus VAT at 20%		£	.
																Total for this order		£	.

* Please refer to the enclosed price list

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tel: 0845 603 8895

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PRODUCER INFORMATION

Please print in block capitals

Farm / Organisation Name: _____

Contact Name: _____

Address: _____

County: _____

Postcode: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

RETURNING RESULTS

Results are returned approx 3-4 weeks from receipt of sample(s).

PLEASE NOTE: Samples will not be processed if payment does not accompany samples and/or request forms are not signed.

IMPORTANT NOTE: It is essential that hair samples are taken in accordance with instructions provided.

Declaration: I certify that the samples have been collected from the animals detailed, and that I have taken all reasonable care to ensure accuracy of the records. I accept that I am solely liable for any use or misuse, deliberate or accidental, of the test data. I accept that Neogen offers no warranty, expressed or implied, to vouch for the accuracy or truthfulness of any Customer's representations about tested or untested livestock to any third party.

Customer Name: _____

Customer Signature: _____

Date: _____



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ORDER VALUE

Total number of samples enclosed: Total cost of order (including VAT): £ _____

PAYMENT METHOD

Cheque Enclosed: (Please make cheque payable to Neogen Europe Limited.)

Credit Card: Visa Mastercard Switch

Card Number:

Start date: Expiry date: Security code:

Name on card: _____

Billing address for card, if different from above: _____

Post Code: _____

Signature of card holder: _____

SAMPLE SUBMISSION

Complete both sides of this form and send it with payment and sample collectors in the FREEPOST envelope provided to: **IGENITY Profiling Service, FREEPOST RSYR-XBKT-GSBJ The Dairy School, Auchincruive, Ayr, KA6 5HW, Scotland, UK**

