Sample sheet : ❑ dog / ❑ cat

Do not forget to attach your payment or your proof of payment by bank transfer otherwise your analyses will not be carried out
The results and the invoice will be systematically sent to you by email

BREEDER

N° de commande en ligne :
EXT |__||__||__||__||__||__||__||__|

SURNAME / NAME ____

ADDRESS ____

POSTAL CODE _ _ _ _ _ CITY ____________________ COUNTRY __________

PHONE NUMBER (mobile/fix) __ __ __ __ __ __ __ __ __ __

E-MAIL (required) ______________________ @ ______________

The results will be sent systematically by email.

VETERINARY It is MANDATORY that samples are taken by a veterinarian

SURNAME / NAME ______________________ Order N° ______

ADDRESS / CLINICAL ______________________________________

POSTAL CODE _ _ _ _ _ CITY ____________________ COUNTRY ________

PHONE (mobile/fix) __ __ __ __ __ / __ __ __ __ __

E-MAIL ______________________ @ ______________

SAMPLING DATE __ __ / __ __ / __ __

❑ Check the box if you wish to receive a copy of the results by email

STAMP & SIGNATURE (required)

By signing this document, I certify the accuracy of the information specified below

DATA TRANSFER

❑ **At the french « *Livre Officiel des Origines Félines* (LOOF) »**: Only the result (s) of genetic identification (s) and parentage (s) are transmitted
The results of the screening tests for "diseases" must be sent directly by the owner to the address: genetic@loof.asso.fr

ANIMAL

Test(s) requested: ....

ANIMAL NAME: ____

TATTOO: ....

CHIP NUMBER |__||__||__| |__||__||__| |__||__||__| |__||__||__| |__||__||__|
required

SEX : ❑ Male ❑ Female
required

DATE OF BIRTH: __ __ / __ __ / __ __
required

BREED : ______________________________
required

PARENTAGE VERIFICATION:

☐ **FATHER** DNA Code : ________
Name : ______________
Chip : ______________
Breed : ______________

☐ **MOTHER** DNA Code : ________
Name : ______________
Chip : ______________
Breed : ______________

Other parents to test (mother or father) :
DNA code : ________
Name : ______________
Chip : ______________

For all parentage requests, join:
- **An owners' authorization** when the father or mother does not belong to you (required)
- **DNA code (s) of the parents** if they have been identified by Labofarm-Genindexe
- **A copy of the DNA** cards if they have been genetically identified in another laboratory.

→ PLACE THE SAMPLE HERE ←

Buccal swab or blood sample in an EDTA tube

Tips for taking a mouth sample:

1- Place the brush between the cheek and the gum of the animal **then turn the brush for 30 seconds** to recover oral cells containing the animal's DNA.

2- Cut the end of the brush and place it in the plastic pocket opposite before closing it with the self-adhesive tab.

***The sample must be carried out by a veterinarian** ensuring the accuracy of the information concerning the animal (chip number, tattoo, etc.).*

By signing this document, I accept the general conditions of sale (available on our website www.genindexe.com) fully and without reservation and I order the services indicated.

DATE __ __ / __ __ / __ __

Breeder Signature

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Laboratoire du réseau FINALAB