

SAMPLE SUBMISSION and ORDER FORM

PAYMENT MUST BE INCLUDED WITH SAMPLES FOR PROCESSING

Producer Information:

Name:			Farm/Ranch:								
Address:			City, State Zip:								
Phone (Home):			Phone (Cell):								
E-mail:											
<i>l</i> ember	Association:	Mem	Member ID:								
VAII	ABLE TESTS:										
. <i></i> L											
TH	Tibial Hemimelia	OS	Osteopetrosis								
		OS MA	Osteopetrosis Alpha-Mannosidosis								
TH	Tibial Hemimelia										
TH PHA	Tibial Hemimelia Pulmonary Hypoplasia with Anasarca Black/Red Coat Color	MA	Alpha-Mannosidosis								
TH PHA CC	Tibial Hemimelia Pulmonary Hypoplasia with Anasarca Black/Red Coat Color Arthrogryposis Multiplex	MA IE	Alpha-Mannosidosis Idiopathic Epilepsy								
TH PHA CC AM	Tibial Hemimelia Pulmonary Hypoplasia with Anasarca Black/Red Coat Color	MA IE DL	Alpha-Mannosidosis Idiopathic Epilepsy Dilution								

Level 1			
TH or PHA or CC	\$25	X	=
Single + 1	\$35	Х	=
Single + 2	\$45	Х	=
Level 2	·	·	· · · ·
DD	\$18	X	=
AM, NH, CA, OS, MA, IE, DL, HY, FM, or BD	\$20	x	=
Single + 1	\$30	X	=
Single + 2	\$40	Х	=
ANY COMBO 4+ Tests	\$50	Х	=
ReleaseAuthorizat	ion:		Total Cost:
I hereby request and au			mples listed on this Submission and Order Form to the

Association. The Owner understands and consents to the Test Results being provided to such association. Owner agrees that the Association shall have no liability or responsibility with respect to the matter covered by this Submission and Order Form, including, without limitation, the Association shall have no liability or responsibility for the reliability or accuracy of the Test, Test Results, or the performance of the Test by AgriGenomics Inc. I hereby indemnify and agree to hold AgriGenomics, Inc harmless for any claims or damages resulting from such release. Signature:

Member ID:



Sample Submission Form

Check: AMT: Received Date:

Producer Information:

Date:																			
Name:				Farm/Ranch:															
Address:				City, State Zip:															
Phone (Home):			Phone (Cell):																
E-mail:																			
Member Association:				Member ID:															
Lab ID OfficeUse Only	Sex	Tattoo ∕Tag	Reg No.	Sire Reg No.	Dam Reg No.	Animal Name	D.O.B.	DNA Profile	H	РНА	00	AM	NH	so	MA	IE	DL	FM	BD
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