



# GeneControl

An Organisation of Bavarian Animal Breeding Associations

## Canine sample submission form

CSNB

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### Breeding Organisation

All pedigree data and animal IDs specified in this application correspond to appropriate entries of the breed registry.

\_\_\_\_\_  
Date, stamp and signature

### Address for invoice

Please indicate phone, fax or email in case of further queries

\_\_\_\_\_  
Legally binding signature

### Address of the Owner

### Sampling

I confirm that all submitted samples are labelled correctly and originate from the animals specified in this application.

\_\_\_\_\_  
Date, signature of the sampler, if applicable: Stamp

### Animal 1

Reg. No.:	<input type="text"/>	Date of birth:	<input type="text"/>	Lab ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>			Breed:	<input type="text"/>		<input type="checkbox"/> m	<input type="checkbox"/> f	

### Animal 2

Reg. No.:	<input type="text"/>	Date of birth:	<input type="text"/>	Lab ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>			Breed:	<input type="text"/>		<input type="checkbox"/> m	<input type="checkbox"/> f	

### Animal 3

Reg. No.:	<input type="text"/>	Date of birth:	<input type="text"/>	Lab ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>			Breed:	<input type="text"/>		<input type="checkbox"/> m	<input type="checkbox"/> f	

### Animal 4

Reg. No.:	<input type="text"/>	Date of birth:	<input type="text"/>	Lab ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>			Breed:	<input type="text"/>		<input type="checkbox"/> m	<input type="checkbox"/> f	

### Animal 5

Reg. No.:	<input type="text"/>	Date of birth:	<input type="text"/>	Lab ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>			Breed:	<input type="text"/>		<input type="checkbox"/> m	<input type="checkbox"/> f	