

AMERICAN DEXTER CATTLE ASSOCIATION GENOTYPE ENTRY REQUEST

Please complete the information below and attach the genotype/genetic marker reports. Confirmation of entry will be emailed.

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (include area code): _____ FAX (include area code): _____

E-mail address: _____

Number of genotype/genetic marker reports _____ X \$10 each = \$ _____

*Note: The VGL will make every effort to use DNA types from other laboratories for parentage analyses. Occasionally, because of incompatible laboratory procedures and markers reported, we may be unable to provide conclusive parentage analyses using another laboratory's DNA types. Without the ability to retest a parent sample to verify results or gain additional markers, we may not be able to complete cases with unconfirmed mismatches. Because of this limitation, if the parent tested by another laboratory is alive, or is a deceased bull with available frozen semen, **we recommend submitting a sample for testing** instead of relying on another laboratory's results for parentage analysis purposes.*

Notice of genotype on file will be sent to the ADCA Registrar, and ADCA members will be able to search for and specify genotypes for purposes of identity confirmation or parentage verification of offspring.

Signature: _____ Date: _____

Payment:

Check payable to **U.C. Regents**. Non-U.S. Checks must have "U.S. Dollars" or "USD" imprinted by the bank.

OR

Credit Card Information		
Print customer name as it appears on card:		
Account Number:	Exp. Date:	
Daytime Phone Number:	CVV Code:	Card Type*:
Signature of Cardholder:		
Total amount authorized to be charged:		

* Accepted credit cards: American Express, Discover, MasterCard, and VISA

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