



Gene Check, Inc.

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Progressive Ataxia Test Submission Form

Owner Information
Name:
Business Name:
Mailing Address:
City, State, Zip:
Phone 1:
Phone 2:
E-mail:

\$20 per Sample

Test results are typically completed within 5 business days from the day of receipt. Results will be reported the day of completion by e-mail (if available), or by phone. Test certificates are mailed out the day after test completion

<input type="checkbox"/> Check Enclosed \$ _____ US dollars	Credit Cards accepted (circle one): Visa Mastercard Discover
Credit Card # _____	Exp Date: ____/____/____ 3 digit code _____ (on back of card)
Signature: _____	

Check this box if you would like Gene Check to submit your results to the American International Charolais Association (AICA). Please include registration numbers.

Animal ID:	Registration Number (optional):
Birthdate (optional) ____/____/____ (Month/Day/Year)	Sex: ____ Male ____ Female

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All tests are performed by Gene Check, Inc using naturally occurring DNA sequences

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Birthdate (optional) _____ / _____ / _____ (Month/Day/Year)	Sex: _____ Male	_____ Female

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