



Gene Check, Inc.

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Phone: 970-472-9951

Email: genecheck@genecheck.com

Website: www.genecheck.com

Progressive Ataxia Test Submission Form

\$20 per sample

Owner Information

| | | | |
|----------|----------------|--------------|-----------|
| Name: | Business Name: | | |
| Address: | City: | State: | Zip Code: |
| Email: | Cell Phone: | Other Phone: | |

Veterinarian Information (Optional)

| | |
|--------|----------------|
| Name: | Business Name: |
| Email: | Phone: |

| | |
|---|--|
| <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: _____

Acceptable sample types: Tissue from DNA tissue sampling system(call to order) ♦ Blood in purple top EDTA tubes (2-3cc's)
Hair with follicle (30-40 follicles per animal) ♦ Semen (shipped 1-2 days on ice) ♦ Blood spotted on to DNA blood cards.
Give us a call or check our website for instructions on each of these methods.

☐ Please check this box if you would like results for these samples to be emailed to the American Charolais Association.

| | | |
|----|--|----------------------------|
| 1. | Animal ID: | Registration#: |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | Sex: ____ Male ____ Female |
| 2. | Animal ID: | Registration#: |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | Sex: ____ Male ____ Female |
| 3. | Animal ID: | Registration#: |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | Sex: ____ Male ____ Female |
| 4. | Animal ID: | Registration#: |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | Sex: ____ Male ____ Female |
| 5. | Animal ID: | Registration#: |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | Sex: ____ Male ____ Female |

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.

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

| | | | | |
|-----|--|--|----------------------------|--|
| 6. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 7. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 8. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 9. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 10. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 11. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 12. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 13. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 14. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 15. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 16. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 17. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 18. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 19. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |
| 20. | Animal ID: | | Registration#: | |
| | Birthdate (optional) ____/____/____ (Month/Day/Year) | | Sex: ____ Male ____ Female | |