



# REQUEST FOR PARENT VERIFICATION DNA TEST

*If Animal is not registered, it MUST be recorded with the TLBAA Registration Office*

Name: \_\_\_\_\_ Membership # \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name and Registration Number (if registered) of Animal Parentage Being Verified:**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Private Herd Number: \_\_\_\_\_  
Color: \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample  
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

### SIRE(S) IN QUESTION

**Sire #1**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample

**Sire #2**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample  
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

### DAM(S) IN QUESTION

**Dam #1**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample

**Dam #2**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample  
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

**Return this form to:**

TLBAA  
PO BOX 4430  
Fort Worth, TX 76164  
OFFICE: (817) 625-6241

**Testing Samples MUST be sent to Neogen with an ORDER NUMBER provided by the TLBAA Office. Samples sent in without an order number may not be identified properly and may result in increased wait time.**

TEST SAMPLES MUST BE MAILED TO NEOGEN. DO NOT SEND TEST SAMPLES TO TLBAA.



ALL TESTING SAMPLE SUPPLIES MUST BE PURCHASED THROUGH [WWW.IGENITY.COM](http://WWW.IGENITY.COM)