



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 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

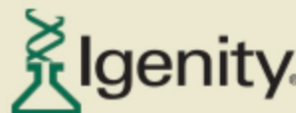
Return this form to:

TLBAA
PO BOX 4430
Fort Worth, TX 76164
OFFICE: (817) 625-6241
amelia@tlbaa.org or rick@tlbaa.org

\$4 FEE ON ALL HAIR SAMPLES

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