



Please send samples to American Milking Shorthorn Society:
 800 Pleasant Street, Beloit, WI 53511
 (608) 365 3332
 registration@milkingshorthorn.com

GENOMIC TESTING ORDER FORM

All genetic testing services provided by **Genetic Visions-ST**

CUSTOMER INFORMATION

Customer Name: _____
LAST FIRST

Farm: _____ DHI Herd Code: _____

Address: _____
CITY STATE ZIP

Phone: (____) _____ Fax: (____) _____ Email: _____

TESTING SERVICES

Medium Density (VM2) **Female** \$45 **Male** Included in \$75 registration fee
 63K Chip

Data collected from testing services will be used to increase the breed's genetic database.
 Standard Marker Tests include: Beta Casein A2, Beta Casein AB, Beta Lactoglobulin, Kappa Casein, BLAD, Fishy, DUMPS, Dominant Red, Citrullinemia, SDM, SMA, CVM, Brachyspina and HCD

SAMPLE INFORMATION

Registration number/RFID is required.

Sample ID	Animal ID	Date of Birth	Sex	Breed	S/ET/TW	Sire ID	Dam ID	Sample Type

TSU SAMPLES PREFERRED: Follow application instructions provided by manufacturer and ensure that the tube number is linked to animal ID when submitting.
BLOOD SAMPLE PROCEDURE: Draw a minimum of 2 mL of blood per samples and deposit into a blood tub containing an anticoagulant (purple top). Invert tube immediately several times to thoroughly mix sample with anticoagulant. Blood samples do **NOT** need to be refrigerated but should be sent immediately. Expect FM test results within 7-10 business days after receipt of samples at Genetic Visions.
HAIR PROCEDURE: Pull 35-50 clean, dry hairs from the tail switch ensuring that the roots are attached. Place hair in a bag or envelope containing sample identification.

CUSTOMER ACKNOWLEDGEMENT: Samples and test results are governed by Genetic Visions-ST, LLC Terms & Conditions of Sale signed by AMSS. For information regarding terms please contact to AMSS. I certify and agree to be bound by its terms.

CUSTOMER SIGNATURE DATE