

Order form for genotyping of casein genes (beta A1/A2; kappa A/B, E) in cattle and hereditary defects in Simmental cattle

Client/Breeder:	
name:	
street:	
ZIP, town:	
email:*	
phone:	
cust. ID:	VAT ID:

*If you give us your email address you will receive your results without delay.

Order no.:	_____	<i>filled in by laboratory</i>
Date of receipt:	_____	

- Sample material:**
- Ear tag Sample/ Tissue
 - Blood (EDTA)
 - GenoTube Swab
 - Semen

Disclaimer: The identification of the genotype was carried out with great diligence and with respect to scientific knowledge. The client accepts that the testing services provided here have an inherent potential for error and that Agrobiogen makes no representation that its services will be fully accurate or error-free. Agrobiogen disclaims and excludes all warranties or representation of any kind with respect to its services including any indirect, or consequential damages. Claims for compensation are limited to intent and gross negligence. A liability for possible consequential damage in the event of an incorrect finding is excluded.
With my signature I confirm that I have read the requirements for the sample material at www.agrobiogen.de/downloads and that I have read and accepted the general terms and conditions of Agrobiogen GmbH.
By entering the email address, I consent to the electronic sending of invoices and results.

SEPA direct debit mandate already exists

SEPA direct debit mandate

for recurring payments

Creditor Identification no.: DE71 ZZZ0 0001 8456 68
Mandate reference (cust. ID): _____

I/ We revocably authorize Agrobiogen GmbH to collect payments from my/ our account by direct debit. At the same time, I/ we instruct my/ our bank to redeem the direct debit drawn by Agrobiogen GmbH on my/ our account.

Note: I can/ we can request reimbursement of the amount debited within eight weeks, starting with the debit date. The conditions agreed with the bank apply.

Surname, First Name (Owner of account)

Street, no. ZIP, town

Credit institution:

IBAN-No. I I BIC: _____

Place, Date and Signature

no.	sample number/ barcode	animal ID	breed	Please indicate			
				beta casein (A1/A2)	kappa casein (A/B, E)	Hereditary defect Simmental TP/ DW/ FH2/ FH4/ FH5/ BH2/ BMS	Further analyses Polledness etc. (<i>separate order form please</i>)
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