

Camel Genotyping, Paternity and Identity verification Form

Document ID: MBG-F0011

Version Number: 4
Effective Date: 03 Sep 2024
Authorized By: Kamal Khazanehdari

Page: 1of 1

Please Ensure that all the information required are thoroughly filled out.

Owner:	المالك:	Veterinarian:	Organization:
Address:		Tel:	رقم الهاتف: Email:
Report Released to :	Via <input type="checkbox"/> Email : <input type="checkbox"/> Others (please specify):		
Sample Type:	Sample processing: <input type="checkbox"/> Normal <input type="checkbox"/> Urgent Note: Urgent sample will incur additional charges		
Assay:	<input type="checkbox"/> Genotyping <input type="checkbox"/> 1 Parent Verification <input type="checkbox"/> 2 Parents Verification <input type="checkbox"/> Identity Verification * <input type="checkbox"/> Genetic Relatedness *		
MBG No.	Animal (Offspring) Information بيانات الابن		Client Ref No.
	Name:	Animal ID.	الاسم
	Year of birth:	Breed:	تاريخ الميلاد
		Gender: M/F	السلالة
		الجنس: ذكر / انثى	
Male Parent (Father) Information الاببيانات			
	Name:	Animal ID.	الاسم
	Year of birth:	Breed:	تاريخ الميلاد
		Owner:	السلالة
		المالك	
Female Parent (Mother) Information الامبيانات			
	Name:	Animal ID.	الاسم
	Year of birth:	Breed:	تاريخ الميلاد
		Owner:	السلالة
		المالك	
Comments: *			
DECLARATION TO BE SIGNED BY COLLECTOR / SENDER		Sampling Date: DD / MM / YY	
<ol style="list-style-type: none"> I have identified the sampled individual(s) and have taken the samples from this individual(s). Each sample comes from the individual indicated on its label. The tubes/bags are sealed and labelled that inadvertent interchange is not possible 		Sender Name & Signature :	
		المضمر او المالك توقيع:	
MBG Centre Use ONLY			
Sample Remarks: <input type="checkbox"/> Accepted? <input type="checkbox"/> Rejected?		Comments:	

Please complete a separate requisition form if comparing more than one parent with an offspring.