

# Animal Genotyping, Identity Verification Paternity and Genetic Relatedness Form

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Please ensure that all the information required is thoroughly filled out.

<b>Owner:</b> المالك:	<b>Veterinarian:</b>	<b>Organization:</b>
<b>Address:</b>	<b>Tel:</b> رقمالهاتف:	<b>Email:</b> ترسلالنتيجةالى:
<b>Report Released to:</b>	<b>Via:</b> <input type="checkbox"/> Email: <input type="checkbox"/> Others (please specify):	
<b>Species:</b>	<b>Sample Processing:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Urgent <span style="color: red;">Note: Urgent sample will incur additional charges</span>	

Assay Required :  Genotyping  Parent Verification  Identity Verification \*  Genetic Relatedness \*

Individual Name	Sample Type	Breed	Colour	Male Parent Name	Female Parent Name	MBG ID
Individual ID	Sample ID.	Gender	D.O.B	Male Parent ID	Female Parent ID	
						For
						Official
						Use
						Only

**Comments :** \*

**DECLARATION TO BE SIGNED BY COLLECTOR**

- I have identified the sampled individual(s) and have taken the blood/ hair samples from this individual(s).
- Each blood/hair sample comes from the individual indicated on its label.
- The tubes/bags are sealed and labelled that inadvertent interchange is not possible.

**Sampling Date :** DD / MM / YY , \_\_\_\_ : \_\_\_\_

**Sender Name & Signature:**

*MBG Centre Use ONLY*

Sample Remarks:  Accepted?  Rejected? Comments: