

SAMPLE IDENTIFICATION FORM

Bannasch Laboratory 4206 VM3A, University of California Davis, One Shields Avenue Davis, CA 95616 (530) 754-7289



Please print all information clearly.

Owner/Agent Information:			Date:		Thank you for your contribution. Your sample(s) will be added to our database. Genetic testing through the Bannasch Laboratory is performed on a purely			
Name:					research basis, and, therefore, individual results cannot be made available. However, a copy of our research findings can be provided upon request. All			
Address:							n this form is completely confidential.	
City:	State:		Zip:		Breed:			
Phone:	Email:							
Registered Name of Dog (no titles)	Reg. #	Date of Birth	Sex (Circle)	Call Name	Color	Healthy? (Circle)	Registered Name of Sire and Dam (no titles) If possible, please include pedigrees.	
			М			Y	Sire	
			F			N (see below)	Dam	
Health information:								
Health problem:								
Age of diagnosis:								
Veterinarian's name:								

By signing below, I indicate that I ur	derstand that test results for individual animals cannot be made available.
Signature:	Date: