FOR INTERNAL USE ONLY (do not fill)	ORDER FORM	SEQOMICS Animal Health
Sample ID:	(from 23.08.2024)	
Date:	CATTLE GENETIC TESTS	

OWNER INFORMATION

First Name:_____ Last name: _____
Address: _____
Billing address: _____
City: _____ ZIP code: _____ VAT number: _____
Phone: _____ email[a]: _____

CATTLE (SAMPLE)[b] INFORMATION

No.	ENAR NUMBER	DATE OF BIRTH	SEX	BREED	GENETIC TEST/ HYPOTRICHOSIS

STATEMENT OF AGREEMENT[c]

I hereby certify that the information appearing on this form is correct and true to the best of my knowledge. I hereby affirm that the sample was collected and labelled properly by a veterinarian. I understand that all test results and documentation will be provided to only me, unless otherwise specified. I understand that the samples will be biobanked and may be used for in-house purpose.

Signature: _____ Date: _____

[a] please provide a valid email address: the result and invoice will be sent via email as pdf, free of charge
[b] only blood samples taken in EDTA tubes are accepted
[c] only signed and dated application forms will be accepted
To calculate the costs, please visit our website or contact us!
Please send the filled and signed original order form along with the sample via post.
The shipping address for the samples: SeqOmics Biotechnology Ltd AH, Vállalkozók útja 7, 6782 Mórahalom, Hungary
For more information please contarct us at animalhealth@seqomics.hu or call **+36 30 392 3642**