



DNA Typing

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Please type or complete this form in BLOCK CAPITAL letters.	Owner: Address:
Please, indicate type of test is required a) DNA Identification (1 sample) b) Parentage Test (2 or 3 samples; parents and offspring)	*delete as appropriate

Test*	NAME OF ANIMAL TO BE TESTED	SEX*	BREED	COLOUR	NAME OF Father	NAME OF Mother	CVRL USE
			Individual ID	Date of Birth	Father ID	Mother ID	
a		M	.....	.....	.....	.....
			
b		F	.....	.....	.....	.....
			
a		M	.....	.....	.....	.....
			
b		F	.....	.....	.....	.....
			
a		M	.....	.....	.....	.....
			
b		F	.....	.....	.....	.....
			

SAMPLING AND LABELLING INSTRUCTIONS 1. All samples must clearly labelled with the animal name and identification number 2. Please, submit TWO blood tubes for each animal if it is possible: a yellow (ACD) and a purple -(EDTA) stopper tubes labelled with the name and individual identification number. 3. Please, place 20-30 hairs with follicles from each animal in a bag, sealed and labelled with the name and individual identification number of the sampled animal.	DECLARATION TO BE SIGNED BY VETERINARY SURGEON 1. I have identified the sampled animals. 2. I have taken blood/hair samples from these animals. 3. Each blood/hair sample comes from the animal indicated on its label. 4. The tubes/bags are so sealed and labelled that inadvertent interchange is not possible.
DELIVERY AND STORAGE INSTRUCTIONS 1. Deliver samples to: Central Veterinary Research Laboratory, PO Box 597, Dubai, United Arab Emirates 2. Blood samples should be delivered on the day of sampling. If possible kept at +4°C during transport. 3. If overnight storage is unavoidable, please keep at +4°C. 4. DO NOT FREEZE.	Veterinarian:..... Signature:..... Date:.....