laboratorio xenéticamolecular

ISAG CODE: E/X

SAMPLE SUBMISSION FORM

ANÁLYSIS REQUIRED: | **PARENTAGE TESTING** | **DATE:**

SENDER OF SAMPLES

NAME:	C.I.F.*:
ADRESS:	CITY:
PROVINCE:	COUNTRY:	POST CODE:
PHONE:	FAX:	E. MAIL:

SAMPLE DATA

OWNER:	FARM CODE:
ADRESS:	C.I.F.*:

*C.I.F. Company or personal tax code

	Name	Register No.	Breed	Sex	Birth Date	Sample No.
Animal (1)						
Sire						
Dam						
Animal (2)						
Sire						
Dam						
Animal (3)						
Sire						
Dam						
Animal (4)						
Sire						
Dam						
Animal (5)						
Sire						
Dam						

SIGNATURE