



# REQUEST FOR DNA TESTING

Phone: 573-384-5685  
 Fax: 847-770-4795  
 Email: [paus343@yahoo.com](mailto:paus343@yahoo.com)

**This form must accompany all DNA test kits  
 and be mailed to:**

**GeneSeek**  
 4665 Innovation Dr Ste. 120  
 Lincoln, NE 68521

**Do not send payment with this form.** All payments are to be mailed to the PAUS office. If you need more DNA Testing Kits contact the PAUS office to place your order. Test Kits cost \$1 each.

## Producer Information:

**PAUS Breeder #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Farm Name:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip:** \_\_\_\_\_

1	Animal I.D.	Registry No.	Registered Name	Sex	Mark requested test
				Male    Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

2	Animal I.D.	Registry No.	Registered Name	Sex	Mark requested test
				Male    Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

3	Animal I.D.	Registry No.	Registered Name	Sex	Mark requested test
				Male    Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

4	Animal I.D.	Registry No.	Registered Name	Sex	Mark requested test
				Male    Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

<b>5</b>	<b>Animal I.D.</b>	<b>Registry No.</b>	<b>Registered Name</b>	<b>Sex</b>	<b>Testing</b>
				Male Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

<b>6</b>	<b>Animal I.D.</b>	<b>Registry No.</b>	<b>Registered Name</b>	<b>Sex</b>	<b>Testing</b>
				Male Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

<b>7</b>	<b>Animal I.D.</b>	<b>Registry No.</b>	<b>Registered Name</b>	<b>Sex</b>	<b>Testing</b>
				Male Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

<b>8</b>	<b>Animal I.D.</b>	<b>Registry No.</b>	<b>Registered Name</b>	<b>Sex</b>	<b>Testing</b>
				Male Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

<b>9</b>	<b>Animal I.D.</b>	<b>Registry No.</b>	<b>Registered Name</b>	<b>Sex</b>	<b>Testing</b>
				Male Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	

<b>10</b>	<b>Animal I.D.</b>	<b>Registry No.</b>	<b>Registered Name</b>	<b>Sex</b>	<b>Testing</b>
				Male Female	<input type="checkbox"/> Parentage <input type="checkbox"/> Myostatin <input type="checkbox"/> IGENITY® carcass/ maternal traits test
	Dam	Registration No	Name	Lab ID (if known)	
	Sire	Registration No	Name	Lab ID (if known)	