

# SAMPLE SUBMISSION FORM

## for Genetic Defect Testing

Owner Name: \_\_\_\_\_ Farm/Herd Name: \_\_\_\_\_

ACA Member #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone(s): [h] \_\_\_\_\_ [w] \_\_\_\_\_ [m] \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

ANIMAL INFORMATION				LABORATORY USE ONLY	
Sample/ Tube ID	Permanent ID (Tattoo/Ear Tag)*	Registration #*	Registered Name	AgriGenomics Lab ID	Genotype

\* Minimum required information

**DISCLAIMER AND LIABILITY LIMITATIONS:** AgriGenomics, Inc. agrees to provide due care to the receipt, storage and testing of the genetic material provided by the Owner and to provide Owner with accurate information as a result of such testing. AgriGenomics agrees that they will only release results for the tests requested by Owner and will not convey to anyone additional information derived from the genetic material received without Owner’s prior written permission. Owner agrees to make no claim against AgriGenomics or any of their representatives for any loss, cost or damage purportedly resulting from an inaccuracy in the results of genetic testing services performed that are not caused by AgriGenomics’ gross negligence or intentional misconduct; and shall indemnify AgriGenomics against any loss, cost or damage, including without limitation reasonable attorney fees arising out of any such claims by third parties. In no event will AgriGenomics be liable for any incidental or consequential damages including, but not limited to lost profits. Liability for any cause with respect to a test result is limited to a refund of the cost for testing of the sample.

**PLEASE RETURN WITH SAMPLES TO:**  
**AgriGenomics, Inc.**  
**2399 N. 1000 East Road**  
**Mansfield, IL 61854**  
**(217) 762-9808**  
 Best time to call: 1-5 p.m. CST

**For Office Use Only:**  
 Date received by AgriGenomics:  
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