

REQUEST FOR RELEASE

Genetic Defect Status & DNA Sample from AgriGenomics to ACA

Owner Name: _____ Farm/Herd Name: _____ ACA Member #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone(s): [h] _____ [w] _____ [m] _____ Fax: _____

Email: _____

ANIMAL INFORMATION						LABORATORY USE ONLY					
AgriGenomics Lab ID	ACA Registered Name	ACA Registration #	Sire's ACA Registration #	Dam's ACA Registration #	**Release for Parental Verification	TH Status	PHA Status	FTA Card #	Case #	Sire Status	Dam Status

RELEASE AUTHORIZATION: I hereby authorize AgriGenomics, Inc. to release the Tibial Hemimelia (TH) & PHA status for the above referenced animals to the American Chianina Association (ACA) for public use. Furthermore, I authorize the release of a DNA sample to the designated ACA laboratory for completion of DNA genotyping/parental verification on said animals that are marked for release for parental verification. Only registered names of animals will be recognized and your ACA member number must be included for work to be processed by the ACA. **For each sample released for parental verification to the ACA, your member account will be charged \$38.**

Signature: _____ Date: _____
(of owner or owner agent)

TESTING FEES:
Genetic Defect Test – \$42/animal (TH & PHA)
Parental Verification – \$38/animal
 Fees for Genetic Defect Testing must be submitted with this form. The ACA will bill directly for the parental verification.

** If you want an animal parentally verified, make sure to put an X in the column "Release for Parental Verification". Only those animals with this column marked will be sent on to the parental verification lab.

PLEASE RETURN 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: _____ Date received by ACA: _____ Date received by ACA lab: _____