

Sample receipt:

Material:

Laboratory ID: Polled

Request for gene diagnosis of polledness in cattle (Polled-Test)*Please address samples to:*

Institute for Animal Breeding and Genetics
 University of Veterinary Medicine Hannover
 Bünteweg 17p
 30559 Hannover
 Germany

Email: ABGLab@tiho-hannover.de, Fax: +49-511/953-8582

Identification and breed

Name:					
Ear-tag number:					
Stud book number:					
Date of birth:					
Gender:	<input type="checkbox"/> male		<input type="checkbox"/> female		
Phenotype:	<input type="checkbox"/> polled (P)	<input type="checkbox"/> scurred (PS)	<input type="checkbox"/> bilateral	<input type="checkbox"/> left-sided	<input type="checkbox"/> right-sided
	<input type="checkbox"/> horned (H)				
Breed:					

Details about the parents and their phenotype (Please add a copy of the pedigree, if possible.)

Father		Mother		Grandfather	
Name:		Name:		Name:	
Ear-tag number:		Ear-tag number:		Ear-tag number:	
Stud book number:				Stud book number:	
Breed:		Breed:		Breed:	
Phenotype:	<input type="checkbox"/> homozygous polled (PP) <input type="checkbox"/> heterozygous polled (Pp) <input type="checkbox"/> polled (P) <input type="checkbox"/> scurred (PS) <input type="checkbox"/> horned (H)	Phenotype:	<input type="checkbox"/> homozygous polled (PP) <input type="checkbox"/> heterozygous polled (Pp) <input type="checkbox"/> polled (P) <input type="checkbox"/> scurred (PS) <input type="checkbox"/> horned (H)	Phenotype:	<input type="checkbox"/> homozygous polled (PP) <input type="checkbox"/> heterozygous polled (Pp) <input type="checkbox"/> polled (P) <input type="checkbox"/> scurred (PS) <input type="checkbox"/> horned (H)

The animal in question has horned siblings. on the mother's side on the father's side

Address and declaration of consent

I agree with the performance of a genetic polled test for the aforementioned animal and the use of the test results and samples for scientific research. (Personal data will be kept in strict confidence.)

Owner:

Address:

Phone:

Fax:

Mail:

Breeding organization:

Name:

Address:

Date

Signature

Confirmation for sampling and identification of the cattle

Name and address of sampler:

Date

Signature