



American Simmental Association

1 Simmental Way
 Bozeman, MT 59715-9733 U.S.A
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 email: simmental@simmgene.com
 web: www.simmental.org

Date _____
 Person Requesting _____
 Membership # (owner of animal) _____
 Membership # (bill for test) _____

Comments of Additional Address: _____

DNA KIT REQUEST FORM

ANIMAL TO BE TESTED:

Parent
DNA on
File*

Testing Requested per Animal

ASA No: _____
 Tattoo: _____
 Name: _____

Sire: _____
 Dam: _____

<input type="checkbox"/> Donor	<input type="checkbox"/> AM	<input type="checkbox"/> TH
<input type="checkbox"/> AI	<input type="checkbox"/> NH	<input type="checkbox"/> PHA
<input type="checkbox"/> Parent Verification	<input type="checkbox"/> CA	<input type="checkbox"/> OS
<input type="checkbox"/> Coat Color		

ASA No: _____
 Tattoo: _____
 Name: _____

Sire: _____
 Dam: _____

<input type="checkbox"/> Donor	<input type="checkbox"/> AM	<input type="checkbox"/> TH
<input type="checkbox"/> AI	<input type="checkbox"/> NH	<input type="checkbox"/> PHA
<input type="checkbox"/> Parent Verification	<input type="checkbox"/> CA	<input type="checkbox"/> OS
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 Name: _____

Sire: _____
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*For Office Use Only