



DNA REQUEST

This form must be **returned to the CHA** office either by Email, Fax or Mail
DO NOT SEND THIS FORM TO LAB

NOTE: THIS IS NOT AN APPLICATION FOR REGISTRATION

Breeder # _____ Name _____

- \$60 CHA Standard Test – GGP-100K
- \$75 CHA Standard test – GGP-100K plus Horned/Polled Combo
- \$15 Horned/Polled Add-On to existing GGP-100K (optional)
- \$35 Polled (optional)
- \$75 Freemartin (blood only)
- \$26 Mandibulofacial Dysostosis (MD) Abnormality Testing
- \$25 Non-Standard SNP Test* (Parentage ONLY)

If animals are already on record with the CHA, please list tattoos and/or registration numbers:

If there are multiple potential sires, please list tattoos **and** registration numbers:

* **Important:** A Non-Standard Test is acceptable ONLY to determine parentage from multi-sire pastures or any other situation where parentage is in doubt and is FOR BREEDER USE only. Should any of the CHA requirements arise at a later date, the animal must be re-tested with the CHA Standard Test.

Provide calving information below (required to create DNA application):

BREEDING DATA/ SERVICE INFORMATION				BIRTH INFORMATION							THE Only
Sire Reg#	TATTOO	AI OR NATURAL		TATTOO	BIRTHDATE	SEX	TWIN Y/N?	TWIN SEX	H/P	COMMENTS	BW
Dam Reg#	TATTOO	AI DATE	ET?	ANIMAL NAME (30 Characters Max, OPTIONAL)							CE

Upon receipt of this form, the DNA application(s) will be sent to you to submit with sample(s) to the lab for testing.