



# 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
- \$26 Delayed Blindness (DB) Abnormality Testing
- \$39 MD and DB Combo
- \$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.**