



Canine DNA Service Submission Form

Please type (or print clearly in dark-colored-ink-no cursive).
One form for each sample submitted.

-For Office Use Only-

Sample # C _____

Acct. # _____

Acct. Type V C Z G I

Date Rec'd _____ / _____ / _____

Spcl Instrs _____

At MMI Genomics, Inc., we value your trust and we honor your right to strict confidentiality.
We will never release any information about your analyses to anyone without your specific permission to do so.

Service Request: Parentage (GeneMatch Pedigree)—\$65

Information:

Call-Name _____ Sex: M F Birthdate _____

Breed _____ Coat Color _____

Registered Name _____

Registry **FIELD DOG STUD BOOK** Registration Number _____

Sire's Name _____ Registration Number _____

Dam's Name _____ Registration Number _____

Submitter:

Name of Individual or Organization **American Field Publishing Co.**

Street Address **542 S. Dearborn St., Ste. 650**

City/State/Zip **Chicago, IL 60605-1535** Phone: **(312) 663-9797**

Owner of Record:

Name _____ Phone _____

Address _____ City/State/Zip _____

Payment: **Please return sample to the American Field**

Amount \$ _____ (all amounts must be in U.S. Dollars)

Payment Option Enclosed Check or Money Order Visa MasterCard

Name (as embossed on card) _____ Credit Card # _____

Expiration Date _____ / _____ / _____ Approval Signature _____

Confidentiality Certification / Terms & Conditions Agreement (must be completed for any results to be released):

I hereby certify that the information on this form is true and complete to the best of my knowledge.
I understand that all test results and documentation will be provided only to me unless I specify otherwise.
I AGREE TO AND UNDERSTAND THESE TERMS.

Owner's Signature _____ Date _____ / _____ / _____