SAMPLE SUBMISSION FORM

Owner's Name _____ **Farm/Herd Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone(s) _____ **Fax** _____

E-mail _____ **Preferred contact time(s) for verbal results** _____

Requested Testing: ☐ **Tibial Hemimelia (TH)** ☐ **Pulmanary Hypoplasia with Anasarca (PHA)**

☐ **Other** _____

ANIMAL INFORMATION					LABORATORY USE ONLY	
Sample/ Tube ID	**Permanent ID (Tatoo/Ear Tag)***	**Registration #**	**Registered Name**		**AgriGenomics Lab ID**	**Genotype**

*** Minimum required information**

DISCLAIMER AND LIABILITY LIMITATIONS: AgriGenomics, Inc. agrees to provide due care to the receipt, storage and testing of the genetic material provided by the Owner and to provide the owner with accurate information as a result of such testing. AgriGenomics agrees that they will only release results for the tests requested to Owner and will not convey to anyone additional information derived from the genetic material received without Owner's prior written permission. Owner agrees to make no claim against AgriGenomics or any of their representatives for any loss, cost or damage puportedly resulting from an inaccuracy in the results of the genetic testing services performed that are not caused by AgriGenomics' gross negligence or intentional misconduct; and shall indemnify AgriGenomics against any loss, cost or damage, including withouth limitation reasonable attorney fees arising out of any such claims by third parties. In no event will AgriGenomics be liable for any incidental or consequential damages including, but not limited to lost profits. Liability for any cause with respect to a test results is limited to a refund of the cost for testing of the sample.

PLEASE RETURN WITH SAMPLES TO:
AgriGenomics, Inc.
2399 N. 1000 E. Rd.
Mansfield, IL 61854

office use only _____ ***Date received by ArgiGenomics***