

## LIVESTOCK CLONING ORDER FORM

### CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Kit Shipping Address: (If different than above)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Send annual storage fee invoices by: ☐ Mail ☐ Email

### ORDER INFORMATION

Kit Shipping Date: \_\_\_\_\_ Kit Received Date: \_\_\_\_\_

Must select one for timely processing: ☐ **Genetic Preservation (\$1750)** ☐ **Express Tissue Banking (\$600)**

### ANIMAL INFORMATION

Species: ☐ Bovine ☐ Caprine ☐ Ovine ☐ Porcine ☐ Other: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Animal Registration #: \_\_\_\_\_ Sex: \_\_\_\_\_

Biopsy Date: \_\_\_\_\_ Age: \_\_\_\_\_

Health Status:

☐ Healthy ☐ Deceased Date & Time of Death: \_\_\_\_\_

☐ Other: \_\_\_\_\_

### SAMPLE CHECK-IN (FOR LAB USE ONLY)

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check-In Tech: \_\_\_\_\_

Tissue Type: \_\_\_\_\_ Sample Type: ☐ TSU Tubes

Number of Samples: \_\_\_\_\_ ☐ Biopsy Punches

Hair Cards Included: ☐ Yes ☐ No ☐ Ear

Additional Notes

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