

ORDER FORM: GENDER DETERMINATION MAMMALS

Sender

Name		phone	
Company		e-mail	
Street		fax	
ZIP code			
Town			
Country			
		Date and Signature (Sender)	

Samples

1. Please fill in the grey fields below for each sample (species and ID or date of birth) and leave the white fields blank for lab use.
2. Pluck off a hair sample (at least 10 hairs with follicles) of each animal and put it into a clean plastic or paper bag. Don't cool or freeze the samples! Keep them at room temperature.
3. Write down species and ID on every sample bag (according to the list below).
4. Put the samples and this completed form into one envelope and send it to:

MVZ für Pathologie und Zytologie Bielefeld
Voltmannstr. 279a
D-33613 Bielefeld
Germany

Species	ID (chip or date of birth)	Test	Result