



Complete both sides of this form and mail it with the Sample Information form(s), payment, and Sample Collectors.

	Options	Price*	X	Qty	=	Total \$
Igenity Profile	Igenity Profile					
	FERTILITY	\$20	X	_____	=	_____
	SOMATIC CELL SCORE					
	LONGEVITY					
	Dairy Form					
	Productive Life					
	MILK PRODUCTION					
	Milk Yield					
	Fat					
	Fat %					
	Protein					
	Protein %					
	COAT COLOR					
	CHEESE PROTEINS					
Kappa casein						
Beta casein						
Beta lactoglobulin						
GENETIC RECESSIVES						
BLAD						
DUMPS						
Available only with the Igenity Profile	PLUS CVM					
	Add CVM to the Igenity Profile	\$20	X	_____	=	_____
	PLUS BVD PI					
	Add BVD PI to the Igenity Profile Available with tissue tags or hair samples	\$3	X	_____	=	_____
Available only with the Igenity Profile	PLUS Horned/Polled					
	Breed specific for Ayrshire, Brown Swiss, Guernsey, Holstein, Jersey, or Milking Short Horn Cattle	\$85	X	_____	=	_____
	PLUS Parentage	\$10	X	_____	=	_____
Available without the Igenity Profile	Parentage					
	without the Igenity Profile	\$25	X	_____	=	_____
	Tissue Collection Tags					
Multiples of 50	\$150	X	_____	=	_____	
RFID Collection Tags						
Multiples of 50	\$225	X	_____	=	_____	
Total Due \$						

*Prices are subject to change at any time without notice.

Method of Payment:

Check (Enclosed - payable to GeneSeek)

Check # _____

Credit Card: Mastercard Visa

Card Number: _____

Exp. Date: _____ / _____ (00/0000 = month/year)

Name On Card: _____

Automatically charge this credit card for all Igenity testing services*

Signature: _____

**By checking this box and signing the form I agree that full payment will be processed and charged to my credit card every time I submit samples. I will notify Igenity in writing if I wish to change this.*

