



MMI GENOMICS, INC.

1756 Picasso Ave.
Davis, CA 95616

- For Office Use Only -

Sample # C

Acct.#

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Date Rec'd / /

Spcl Instrs

Canine DNA Service Sample Submission Form

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

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: DNA Identity (Paw Print) --\$55 Parentage (GeneMatch Pedigree) --\$55
 Dispute Resolution/Forensic Casework (by quotation only)

Information:

Call-Name _____ Sex: M F Birthdate _____

Breed _____ Coat Color _____ ID# _____

Registered Name _____

Registry _____ 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

City/State/Zip Chicago, IL 60605 Fax (312) 663-5557

Contact Person Joe Svozil Phone (312) 663-9797

Owner (if different from above):

Name _____ Phone _____

Address _____ City/State/Zip _____

Payment: Please return samples to the American Field

Amount \$ _____ (all amounts must be in US 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 provided 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 THE TERMS & CONDITIONS AS SPECIFIED ON THE BACK SIDE OF THIS FORM.

Submitter's Signature _____ Date _____ / _____ / _____