SAMPLE SUBMISSION and ORDER FORM

PAYMENT **MUST** BE INCLUDED WITH SAMPLES FOR PROCESSING

Producer Information:

Owner's Name:_____ Farm/Ranch Name:_____

Address: _____ City: _____ State/Prov:_____ ZIP:_____

Phone(s) Home:_____ Work:_____ Cell:_____ Fax:_____

Email:_____@_____ Association:_____ Member Number:_____

AVAILABLE TESTS:

- Tibial Hemimelia (TH)
- Pulmonary Hypoplasia with Anasarca (PHA)
- Arthrogryposis Multiplex (AM)
- Neuropathic Hydrocephalus (NH)
- Osteopetrosis (OS)
- Idiopathic Epilepsy (IE)
- Dilution (DL)
- Black/Red Coat Color (CC)

agriGENOMICS

Pricing:

Single					
TH, PHA, AM, NH, CC	$25	X	_____	=	_____
OS, IE, DL	$20	X	_____	=	_____
Combination					
TH&PHA ***OR*** TH&CC ***OR*** PHA&CC	$40	X	_____	=	_____
OS&AM ***OR*** OS&NH	$35	X	_____	=	_____
AM & NH	$35	X	_____	=	_____
IE & DL	$30	X	_____	=	_____

Total Cost:_____

Release Authorization:

I hereby request and authorize the release of Test Results for the samples listed on this Submission and Order Form to the _____Association. The Owner understands and consents to the Test Results being provided to the _____Association. Owner agrees that the _____Association shall have no liability or responsibility with respect to the matter covered by this Submission and Order Form, including, without limitation, the _____Association shall have no liability or responsibility for the reliability or accuracy of the Test, Test Results, or the performance of the Test by AgriGenomics Inc. I hereby indemnify and agree to hold AgriGenomics, Inc harmless for any claims or damages resulting from such release.

Signature:_____ **Member Number:**_____