

VGL Case No. _____
Date Received _____

FORENSIC SAMPLE SUBMISSION FORM

Veterinary Genetics Laboratory, Forensic DNA Testing
980 Old Davis Road, University of California
Davis, CA 95616-8744

Tel: (530) 752-2211 Fax: (530) 309-4309

This form is for Parentage Verification of Live Animals

www.vgl.ucdavis.edu/forensics/forms.php

Sample submission (signature required)

This form constitutes a contract for DNA testing. Your signature authorizes VGL Forensics to proceed with testing and acknowledges that you have consulted with a laboratory representative concerning the specifics of your case. You have been apprised as to the approximate cost of testing and agree to pay those costs. If it is determined that additional testing or a significant change to the proposed testing is warranted, you will be notified and we will not proceed without your consent.

Signature: _____ Date: _____

Client Information

Send Report To: _____ Email: _____ Fax: _____
Agency: _____ Phone: _____
Address: _____ Signature of Person _____
Collecting Samples: _____ Date: _____

Sample Information Species: _____ Use additional forms as needed

Identification	D/O/S	Breed	YoB	Sex	Color	Identification	D/O/S	Breed	YoB	Sex	Color

Sample Disposition (choose one) Return address, if different. Cannot deliver to PO box.

Return samples upon completion of testing → FedEx account to be billed: _____
OR
 Dispose of samples upon completion of testing → Authorized Signature _____

Payment Instructions and DNA Test Results **W-9 Billing Information**

1. Include a check payable to **U.C. Regents**.
All non-U.S. checks must have the words "**US Dollars**" imprinted **by the bank**.
 2. If you choose to pay by **Visa** or **MasterCard**, please fill out the credit card authorization form.
 3. Government Agencies can be invoiced. Please submit a **W-9** for your agency and complete information to right.
 4. Retained samples become the property of VGL Forensics and may be used for research and training.
 5. One copy of the results will be mailed to the address in the "Client Information" box.
 6. Cases will only be discussed with the client listed on this form unless written authorization is provided.
- All DNA test results will be kept on permanent file at the UC Davis Veterinary Genetics Laboratory.**

Contact _____
Phone _____
Fax _____
Address _____
P.O. or Accession # _____