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**Tru-Polled Sample Submission Form**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Tru-Polled Diagnostic Test**

No.	Tattoo	Reg. #	Animal Name	Sex	Breed	Homozygous Polled	Homozygous Black	Archived Sample
1						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
2						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
3						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
4						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
5						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
6						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
7						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
8						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
9						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
10						<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes

For Archived Samples: An additional \$ 5.00 fee will be charged for testing sample(s) already archived at MMI Genomics.

I hereby certify that the information provided on this form is accurate

Signature: \_\_\_\_\_

Date: \_\_\_\_\_