



ENCI DNA BANKING AND GENETIC PROFILE/PARENTAGE ANALYSIS FORM

SAMPLE: EDTA BLOOD FTA CARD BUCCAL SWAB
EDTA BLOOD SWAB
 DNA Banking
 Genetic Profile /Parentage analysis (ISAG 2008 panel)

VETERINARY (in Block letters):
I have checked the animal(s) identity and confirm that the samples are taken from the animal(s) listed below
Name veterinarian:
Date of sampling:
Signature / Stamp veterinarian:

DOG
NAME:
DATE OF BIRTH: SEX:M F
BREED:
MICROCHIP:
PEDIGREE :

OWNER
SURNAME, NAME:
STREET: COUNTRY:
ZIP CODE, TOWN:
VAT NUMBER (if available)
TEL/FAX: E-MAIL:
SIGNATURE:

BILLING INFORMATION (if different from the owner details)
SURNAME, NAME:
STREET: COUNTRY:
ZIP CODE, TOWN:
VAT NUMBER (if available)
TEL/FAX: E-MAIL:
SIGNATURE:

I authorize Genefast srl to process my personal data for the purposes deriving from contractual needs and legal obligations in accordance with Directive 196/2003 and the nw European GDPR regulation 2016/679.
SIGNATURE: