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Phone: (403) 571-3580 • Fax: (403) 571-3599 • Toll-Free: 1-888-571-3580

### Genetic Defect Test Request Form

**Instructions:** Please complete this form and return it to the Canadian Angus Association office. We will process your request(s) and send you test forms to send samples to the lab.

**Note:** Testing your sire and cows is more economical than testing all their calves; if this is possible please consider doing so.

#### Producer Information

Member ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Animal Information-** Please circle the test requested for each animal.

Arthrogyrosis Multiplex = AM Neuropathic Hydrocephalous = NH Osteopetrosis = OS  
Alpha Mannosidosis = MA Contractural Arachnodactyly= CA Double Muscling= DM  
Developmental Duplication= DD Bovine Virus Diarrhoea= BVD

Registration number: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Test: AM NH OS MA CA DD DM BVD

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Registration number: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Test: AM NH OS MA CA DD DM BVD

**Test results will be sent to the breeder and the Canadian Angus Association.**

Return the completed form and appropriate fees to:  
Canadian Angus Association • 292140 Wagon Wheel Blvd • Rocky View County, AB • T4A 0E2  
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