



DNA-Typing Request Form & Embryo Transplant Application for Entry

ONE ANIMAL PER PAGE

Send sample and form to:
SCIDERA, INC.
1756 Picasso Avenue
Davis, CA 95618

NALF member # _____ (required) Member name _____ (individual or organization to be billed for testing)

Items numbered 1 through 5 must be completed for sample to be tested

1. Sample type: _____ FTA card _____ Semen _____ Hair _____ Other type of sample - list type _____

2. DNA tests requested: _____ Parent verification _____ Tru-Polled® _____ AM – Arthrogyposis Multiplex
 _____ ID type _____ Tru-Coat Color™ _____ NH - Neuropathic Hydrocephalus
 _____ Sire verification _____ Tru-Myostatin™ F94L _____ OS – Osteopetrosis

3. Type of calf: _____ Embryo Transplant (ET) - AI sire and donor dam requirements must be met _____ Non-ET – Use a natural calf registration application form to record non-ETs

4. Is this sample a resubmit? _____ Yes
 _____ No

5. Animal identification – must match sample identification

_____ Female _____ Male
 _____ Tattoo _____ Herd prefix _____ ID Number _____ Yr code

Registration # (if applicable) _____
 Birth date _____

Dam: _____ Tattoo _____ Herd prefix _____ ID Number _____ Yr code _____ Registration # _____ DNA Case # - required for parentage testing only

Sire: _____ Tattoo _____ Herd prefix _____ ID Number _____ Yr code _____ Registration # _____ DNA Case # - required for parentage testing only

EMBRYO TRANSPLANT registration application:

Applicant (Owner at the time the calf was born) Name _____ NALF member # _____ Herd prefix _____

Recipient cow: ID # _____ Birth year _____ Breed codes _____ Tattoo _____
 or NALF registration # _____

Fresh embryo _____ Frozen embryo _____ Date of flush _____ Date of transplant _____

Type of birth: _____ Horn status: _____ Color: _____ Birth weight: _____ lbs _____ Calving ease: _____
 S-Single H-Horned 1-Red 4-Black & white A-Unassisted
 TS-Multiple same sex P-Polled 2-Black 5-White/cream/grey B-Some assistance
 TO-Multiple oppos. sex S-Scurred 3-R&W 6-Other C-Mechanical assistance
 D-Caesarean
 E-Abnormal presentation

Name _____ Ear Tag: _____

Weaning: _____ lbs _____ in _____ Disposition score _____
 Date weighed _____ Weaning group _____ Creep fed? (y/n) _____ Actual weight _____ Hip height _____
 1-Docile 2-Restless
 3-Nervous 4-Flighty
 5-Aggressive 6-Very aggressive

Yearling: _____ lbs _____ in _____ cm _____ cm _____ cm
 Date weighed _____ Actual weight _____ Yearling group _____ Hip height _____ Scrotal measurement _____ Pelvic width _____ Pelvic height _____

Transfer to new owner: _____ Member # _____ Herd prefix _____ Name and address _____ Date of sale _____

AGREEMENT BETWEEN NALF AND MEMBERS. I/WE HEREBY CERTIFY AND DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND I/WE DESIRE TO HAVE THE SAME RECORDED IN THE NORTH AMERICAN LIMOUSIN FOUNDATION (NALF) RECORD, IN CONSIDERATION OF WHICH I AGREE TO ABIDE AND BE BOUND BY THE BY-LAWS, RULES AND REGULATIONS OF THE FOUNDATION AND AMENDMENTS THERETO. I UNDERSTAND THAT ALL SAMPLES SUBMITTED FOR THE PURPOSES OF REGISTRATION WITH NALF SHALL BECOME THE PROPERTY OF NALF AND UNDER NO CIRCUMSTANCE MAY A PRODUCER REQUEST THAT THEIR DNA OR BLOOD SAMPLE BE RETURNED TO THEM. PARTIES USING THE REGISTRY UNDERSTAND THROUGH A DISCLOSURE STATEMENT ON EACH REGISTRATION APPLICATION THAT ANY OR ALL SAMPLES MAY BE USED FOR RESEARCH. BOTH PARTIES UNDERSTAND THAT STUDIES MAY BE CONDUCTED TO ALLOW NALF TO IDENTIFY CERTAIN BENEFICIAL OR UNDESIREABLE GENETIC TRAITS. NAME OF INDIVIDUAL, RANCHES OR THEIR CATTLE WILL NOT BE IDENTIFIED. I HEREBY CERTIFY THAT THE ANIMALS LISTED WERE IDENTIFIED AT THE TIME OF DNA OR BLOOD SAMPLE COLLECTION BY CHECKING IDENTIFYING MARKINGS SUCH AS REGISTRATION NUMBER, TATTOO, EAR TAG, ETC., AND THAT THE DNA/BLOOD SAMPLES WERE DRAWN IN ACCORDANCE WITH THE PRINTED INSTRUCTIONS ISSUED BY NALF.

Signature by the applicant (owner at the time the calf was born) _____ Date _____

One copy of form to lab
One copy of form to NALF – 6 Inverness Court East, Englewood, CO 80112-5595
One copy of form for member