

Analysis

DATE _____

DNA, Biological Sample Storage and Preservation for at least 10 years

DNA Parentage Testing *

DNA Profiling *

* PRICE including DEPOSIT and Preservation of Biological Sample

INFORMATIONS ABOUT DOG (FILL IN BLOCK LETTERS)

NAME _____

BREED _____

Sex _____ Date of Birth _____

Genealogical Book's Certificate Number _____

Dog's Identification Code (microchip/tattoo) _____

OWNER DATA

Surname and Name as recorded on the pedigree certificate:

Surname _____ Name _____

Date and place of birth _____ Fiscal Code _____

Address _____ n° _____

Località _____ c.a.p. _____

Country _____

Tel /Fax _____ EMAIL _____

VETERINARY

Veterinary Surgeon:

Surname and Name _____

Material biological withdrawn _____

Date of collection _____ Coding of the Test-tube or sample _____

EMAIL _____

Si dichiara quanto segue:

- le informazioni riportate nel presente modulo di prelievo sono corrette;
- i campioni biologici prelevati sono stato identificati in modo chiaro e inequivocabile;

DOG'S OWNER

Signature _____

VETERINARY

Signature and Stamp _____

Stamp of Veterinary Surgeon

Il Laboratorio declina ogni eventuale responsabilità derivante da errori di compilazione/identificazione del campione e da una non corretta esecuzione del prelievo.

Laboratorio Biotecnologie Genetiche

Data deposito del campione biologico _____

Firma e Timbro per accettazione del campione _____

Il Laboratorio di Biotecnologie Genetiche informa che tutti i dati riportati nel presente modulo saranno trattati da personale incaricato esclusivamente per gli adempimenti derivanti da esigenze contrattuali e da obblighi di legge ai sensi del D. L.g.s. 196/2003



Sede amministrativa
Viale delle Piagge 2
56124 Pisa
Tel. 0502216725

Sede Distaccata
Via Livornese
S. Piero a Grado
Tel. 050 2210100

**THE PACKAGE MUST BE
REGISTERED TO:**

Dott.ssa Roberta Ciampolini
Dipartimento Di Scienze Veterinarie
Laboratorio Biotecnologie Genetiche
Viale delle Piagge 2,
Cap 56124 Pisa

CONTACT:

Responsabile del Laboratorio Biotecnologie
Genetiche
Dott.ssa Roberta Ciampolini
Tel. 050 2216875
Mail: roberta.ciampolini@unipi.it

The payment must be made only through I banking to the following IBAN :

Bank Details

Bank transfer **IT51N0856270910000011156635**

DATA FOR THE ADMINISTRATIVE RECEPTION OFFICE FOR DISPATCH INVOICE:

Customer

[FILL IN BLOCK LETTERS]

Last name and Name / Name: Firm – Ambulatory

Breeder _____

Address _____ n° _____

Place _____ Province _____ c.a.p. _____

Fiscal Code/VAT registration _____ Tel. _____

Date and place of birth _____ EMAIL _____

Analyses DESCRIPTION	Unitary price included IVA	CODE	N° ANALYSES	TOTALE
Deposit of Dna and Biological Sample	20,00 €	401		
Profiling at 19 markers (individual sample)	75,00 €	402		
Profiling at 22 markers (individual sample)	95,00 €	403		
Parentage Testing to 19 markers (individual sample)	75,00 €	404		
Deposit of Biological Sample in agreements *	15,00 €	411		
Profiling at 19 markers in agreements *	60,00 €	412		
Profiling at 22 markers in agreements *	80,00 €	413		
Parentage Testing to 19 markers in agreements *	60,00 €	414		
Profiling from sample already deposited	60,00 €	415		
Parentage Testing from sample already deposited	60,00 €	416		

* After 20 profiles or 20 deposits, received within the year

Amount to _____
be paid