



www.cdnangus.ca
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142, 6715 – 8th Street, NE Calgary, Alberta T2E 7H7
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 kits 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)

Registration number: _____ Tattoo: _____ Test: AM NH OS MA CA

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

Return the completed form and appropriate fees to:
Canadian Angus Association • 142, 6715 – 8th Street N.E. • Calgary, AB • T2E 7H7
Fax: (403) 571-3599 • email: registry@cdnangus.ca