

BULK TEST SUBMISSION FORM

Name _____ Business Name _____ Date ___/___/___
 Address _____ City _____ State _____
 Zip Code _____ Phone (_____) _____ Fax (_____) _____
 Check one: Fax Phone Email results when they are available. Email Address _____
 Comments _____ Print _____ on result.
Owner's Name, Business Name, Address

Account # _____

	Label ID#	Species of Bird	Bird ID							
1										
2										
3										
4										
5										
6										
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22										
23										
24										
25										

DNA Sexing
Chlamydia
Polyoma
PBRF
Pacheco's

I have read and understand the instruction. I also understand that Avian Biotech Int'l and Animal Genetics, Inc. shall in no way be liable for any incidental or consequential damages of any kind, even if advised of such damage. Please call for shipping instructions if sending samples from outside the U.S.

Amount Enclosed _____ Payment: Visa Master Card Check or Money Order
 Credit Card # _____ Exp. Date _____ Signature _____

Avian Biotech International

1336 Timberlane Road
Tallahassee, FL 32312-1766

Please send more kits:

Number of individual kits: _____ for sexing from ___ Blood ___ Feather
 Number of individual kits: _____ for disease testing from ___ Blood ___ Swab