



# Avian DNA Sexing Submission Form

## Section I: Submitter's Information

Submitter's Name: *(please print legibly)* \_\_\_\_\_  
 Organization: *(if applicable)* \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #1: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Phone #2: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Section II: Sample Information

Sample #	Species <i>(required)</i>	Bird ID <i>(bird's name, band #, cage #, etc.)</i>	Lab Use Only
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

## Section III: Payment Information

Amount: \$ \_\_\_\_\_ Payment by:  Enclosed Cashier's Check or Money Order  Credit Card *(information below)*

### Credit Card Information\*

*\*Sorry, we do not accept American Express.*

MasterCard  VISA  Discover Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name: *(exactly as it appears on card)* \_\_\_\_\_ Security Code: \_\_\_\_\_

**Sign Here**

Signature of Cardholder: **X** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section IV: Statement of Agreement

I hereby certify that the information appearing on this form is correct and true to the best of my knowledge. I hereby affirm that the DNA sample was collected and labeled properly. I understand that all test results and documentation will be provided to only me, unless otherwise specified.

**Sign Here**

Signature: **X** \_\_\_\_\_ Date: **X** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section V: Additional Kit Request

*Need more kits?* Please indicate the number of kits you need and we will send them to you. **Blood Cards:** \_\_\_\_\_ **Feather Kits:** \_\_\_\_\_