

**NEW ZEALAND  
CATTLE SAMPLE SUBMISSION FORM**

EFFECTIVE AUGUST 1, 2011



Pfizer Animal Genetics  
PO Box 5520  
Dunedin, New Zealand  
Ph: 0800 228 278  
Fax: +64 3 4775930  
pahgenetics.nz@pfizer.com  
www.pfizeranimalgenetics.co.nz

<b>Company Name</b>	<b>Billing Address</b>		
<b>Contact Person</b>			
<b>Office Phone</b>		<b>Postcode</b>	
<b>Mobile Phone</b>	<b>Physical Address</b>		
<b>Fax</b>			
<b>E-mail</b>		<b>Postcode</b>	
<b>Please indicate your preferred method of results delivery:</b>	<b>E-mail</b> <input type="radio"/>	<b>Post</b> <input type="radio"/>	<b>Fax</b> <input type="radio"/>
			<b>Date</b>

<b>Stud Name</b>	
<b>Breeder Name</b>	
<b>Herd Number</b>	
<b>Sample Type</b> ( <i>Cows, Bulls, Heifers, Calves</i> )	
<b>Total Number of Samples</b>	

DNA Tests Required		Volume
<b>SireTRACE</b>	DNA Profiling (for registration)	
	Parentage analysis	
<b>GeneSTAR</b>	Marbling, Feed Efficiency & Tenderness Molecular Value Predictions	
	Upgrade (Samples previously tested)	
<b>Gene Tests</b>	$\alpha$ - Mannosidosis (Galloway)	
	$\alpha$ - Mannosidosis (Angus)	
	Curly Calf (Arthrogryposis Multiplex (AM))	
	Neuropathic Hydrocephalus (NH)	
	Red Factor	
	Piedmontese Myostatin	
	Fawn Calf (Contractural Arachnodactyly (CA))	
	Hypotrichosis	
Tibial Hemimelia (TH)		
<b>HD 50K for Angus</b>		
<b>Urgent Samples:</b> <i>Samples processed urgently will incur an additional fee of \$3 and results will be delivered within 10 working days after the arrival of samples and payment at the Dunedin office.</i>		<input type="radio"/> Urgent

**Submitters Declaration**

To the best of my knowledge identification of samples in this envelope matches the tags of the animals sampled. Any exceptions are included in the notes (above). Samples contained in the envelope are submitted for immediate DNA analysis. I understand that by submitting these samples for testing I am agreeing to the Pfizer Animal Genetics Terms and Conditions available from: [www.pfizer.co.nz/customers](http://www.pfizer.co.nz/customers)

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**I have enclosed payment details**

Please ensure that all details on this form have been completed before submitting samples to Pfizer Animal Genetics.

**Post to:** Pfizer Animal Genetics, PO Box 5520, Dunedin 9058, New Zealand

**Courier to:** Pfizer Animal Genetics, Level 4, 9 Moray Place, Dunedin 9016, New Zealand.

**SAMPLE INFORMATION FORM**

Please complete all possible fields

Company Name	Contact Name
--------------	--------------

Please complete for parentage testing only													
Animal ID	Sample Collector Barcode	Breed Registration Number	Breed Registration Name	Sex	Breed	Date of Birth	Breeder	Current Owner	Tests Required	Sire ID	Sire Barcode	Dam ID	Dam Barcode
Ex. B134	1057486	ABCB134	Bolero B134	M	Angus	28/10/10			HD 50K	Y579	28190007	V020	49300287
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													



PRICE LIST FOR CATTLE PRODUCTS SECTION A		EFFECTIVE AUGUST 1, 2011		
Products Available	# of Sample Collectors	Price (per unit) (Excl. GST)	# Required	Total Price (Excl. GST)
Pfizer Animal Genetics DNA Test Kits - Hair	10+	\$1.00		
Pfizer Animal Genetics DNA Test Kits - Blood Spot	10 - 49	\$2.90		
	50 - 99	\$1.98		
	100- 499	\$1.75		
	500+	\$1.50		
DNA Banking	1+	\$2.50		
Extraction ( <i>Fee for testing Semen or Whole Blood samples</i> )	1+	\$21.00		
SireTRACE® DNA Profile	1 - 24	\$35.00		
	25+	\$24.00		
GeneSTAR MVP™ DNA Testing	1 - 25	\$110.00		
	26 - 100	\$80.00		
	101+	\$65.00		
Mannosidosis	1+	\$50.00		
Red Factor	1+	\$50.00		
Piedmontese Myostatin	1 +	\$50.00		
PLEASE NOTE			SUB-TOTAL	
All prices exclude GST. Results can be expected three weeks after samples and payment are received at the Dunedin office.			+GST@15%	
			TOTAL SECTION A	





PRICE LIST FOR CATTLE PRODUCTS SECTION B		EFFECTIVE AUGUST 1, 2011		
Products Available	# of Sample Collectors	Price (per unit) (Excl. GST)	# Required	Total Price (Excl. GST)
Curly Calf ( <i>Arthrogryposis Multiplex (AM)</i> )	1 – 20	\$50.00		
	21 - 50	\$45.00		
	51+	\$40.00		
Neuropathic Hydrocephalus (NH)	1 – 20	\$50.00		
	21 - 50	\$45.00		
	51+	\$40.00		
Combined AM & NH Testing	1 – 20	\$65.00		
	21 - 50	\$60.00		
	51+	\$55.00		
Hypotrichosis	1+	\$50.00		
Tibial Hememilia	1+	\$80.00		
Fawn Calf ( <i>Contractural Arachnodactyly (CA)</i> )	1 – 20	\$50.00		
	21 - 50	\$45.00		
	51+	\$40.00		
HD 50K for Angus	1 – 10	\$300.00		
	11 - 50	\$250.00		
	51+	\$200.00		
			SUB-TOTAL	
			+GST@15%	
			TOTAL SECTION B	
			TOTAL SECTION A	
			TOTAL A + B	

**PLEASE NOTE**

All prices exclude GST. Results can be expected three weeks after samples and payment are received at the Dunedin office.



**MAKING PAYMENT TO  
PFIZER NEW ZEALAND LTD**



Pfizer Animal Genetics  
PO Box 5520  
Dunedin, New Zealand  
Ph: 0800 228 278  
Fax: +64 3 4775930  
pahgenetics.nz@pfizer.com  
www.pfizeranimalgenetics.co.nz

**Credit Card Payments**

Please complete the credit card details below.  
Alternately you can phone **03 477 5920** to make a credit card payment over the phone

**Cheque Payments**

Please make cheques payable to Pfizer New Zealand Ltd. Please post cheques with your test request form to:  
**Pfizer Animal Genetics**  
**PO Box 5520**  
**Dunedin 9058**

**Direct Deposits**

When making a direct deposit please quote your reference details in the direct deposit section below.  
Please use your trading name as the reference if possible.  
Bank: **Westpac**  
Account Name: **Pfizer New Zealand Ltd.**  
Account No: **03 0207 0048255 00**

**PAYMENT OPTIONS**

Charge Account      Account Number: \_\_\_\_\_

Cheque

Direct Deposit      Reference Details: \_\_\_\_\_

Charge Credit Card

Card Type:     Visa     MasterCard

Cardholder's full name as it appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_      Security Code: \_\_\_\_\_  
*(3 digit code on reverse of card by signature panel)*

Expiry Date: \_\_\_\_\_/\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

\*By signing the authority you authorise Pfizer New Zealand Limited to debit your credit card for the full amount due at the time of order acceptance.

Your order must be paid for upfront. A tax invoice will be issued following delivery of test results. Terms and conditions of sale are available at [www.pfizer.co.nz/customers](http://www.pfizer.co.nz/customers) which together with this order document constitutes the sale contract.

Please tick this box to have a copy of the terms and conditions posted.