

Analyses request form

Please provide the form with the samples

Samples instruction

1.5 ml microtubes

Writing on lid and with a black or blue marker

Biopsy at the bottom of the tube

Date	:								
Name	:								
Group	:								
Number of samples	:	<input type="checkbox"/>	Ears	<input type="checkbox"/>	Toes	<input type="checkbox"/>	Embryos	<input type="checkbox"/>	Tails
Name of the line	:								
Type of screening	:								
Breeding		male genotype	:						
		female genotype	:						
Tag numbers	:								
Results in PyRAT	:					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Results in excel file		(mail : cig_genotyping@unil.ch)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>