



BIOGENETIC SERVICES, INC.

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MILK EPIGENETIC TEST (EPIMLK Index) Packing Slip

**** Please include a copy of this packing slip with the samples**

Billing Farm/Company Name & Address

**Name & Address of Sender:
(if different from Billing)**

Contact Person: _____
Telephone No.: _____
Fax No.: _____
Email: _____

Samples Collected by: (print)
Collector's Signature:
Veterinarian Name & Address:

Courier used: _____

Date sample sent to BGS: _____

Veterinarian Phone No: _____

Warranty and Liability Limitations

All analyses reported by Biogenetic Services, Inc. are based on a representative sample provided by our customers. Therefore, the results provided are representative only of the sample analyzed at a particular point in time. Biogenetic Services, Inc. makes no warranties, expressed or implied including warranty of ability to market a commodity or product based on analytical results provided by BGS. Liability for damage for any cause, including breach of contract or agreement (including estimated turnaround time), breach of warranty and negligence with respect to a test result is limited to a refund of the price of testing the sample. This remedy is exclusive and in no event shall BGS or any of its employees be held liable for any incidental or consequential damages including loss of sale or profits by our customers or their clients.

NOTE: Reporting Method (check one) Email [] FAX [] Mail []

Credit Card Payment: (Circle type): **MasterCard VISA Discover** (you may call or FAX this information)

Name: _____
Card Number: _____ Expiration: _____
Address: _____
City: _____ State, Zip: _____

BGS Office Use Only: Company #: _____ Date Rec'd: _____ Type of Sample: _____
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BGS Sample # (office use only)	Animal Sample ID	Type of Animal (calf, heifer, milk cow, bull)	Lactation (pre-lactation, 1st, 2nd, etc.)	Breed	Days in Milk	Total Milk Yield (lbs. per year)	Avg. Daily Milk Yield (lbs.)	Avg. %Protein	Avg. %Fat