

**NEW ZEALAND
SHEEP 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

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

If you require a "Ram Certificate" please supply the following information:

Stud Name	
Breeder Name	

SIL Members

SIL Flock Code (one flock only per submission form):

I request the test results for these samples be added to my flock records on SIL

<input type="radio"/> (Please tick to request)	Name	Signature
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Breed	
Sample Type (Sire, Ram, Ewe, Lamb)	
Date Sampled	
Sampler's Name	
Number of Samples	
DNA Test Required e.g. Shepherd®, Inverdale®, LoinMAX®, MyoMAX®, WormStar®, I-Scan®	
Notes: Note any irregularities. Continue on a separate sheet if necessary	

Urgent Samples: 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.

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

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.



PRICE LIST FOR SHEEP PRODUCTS		EFFECTIVE AUGUST 1, 2011		
Product	Volume	Price (per unit)	# Required	Total Price (Excl. GST)
DNA Test Kits	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, Tissue or Whole Blood samples)</i>	1+	\$21.00		
Shepherd® DNA Parentage Testing - Dams and Lambs	1 - 50	\$35.00		
	51 - 100	\$30.00		
	100+	\$25.00		
Shepherd® DNA Sires	1+	\$50.00		
MyoMAX®, LoinMAX®, I-Scan® & WormStar™ DNA Testing	1 - 25	\$80.00		
	26 - 50	\$70.00		
	51+	\$55.00		
MyoMAX® and I-Scan® DNA Testing	1 - 10	\$65.00		
	11 - 25	\$60.00		
	26+	\$55.00		
MyoMAX® DNA Testing Only	1 - 10	\$65.00		
	11 - 25	\$60.00		
	26+	\$55.00		
I-Scan® DNA Testing Only	1 - 19	\$50.00		
	20 - 49	\$45.00		
	50+	\$40.00		
			SUB-TOTAL	
			+GST@15%	
			TOTAL	

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**



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Dunedin, New Zealand
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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 which together with this order document constitutes the sale contract.

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