

# AVIAN DNA SEXING - SAMPLE SUBMISSION & PROCESSING FORM



Please complete the relevant fields below and return the form to us via email at [sales@chxout.com](mailto:sales@chxout.com).

If you are intending to send in a sample from a species of bird that is not included on our current [species list](#), please send in a sample from a known female of that species where possible.

If you require a different turnaround time for certain samples, please complete an additional form.

Internal only: Sample logging			
Case reference:	Date of receipt:	Results due:	Signature:
AVS -	Date of logging in:		

## Your details

*\*Required fields*

Client reference:	Client name*:		
Please confirm your e-mail for results*:			
<b>If you are a new client, please also complete our New Client Request form found <a href="#">here</a></b> If you are an existing/new client and do not have your client reference yet, please also confirm:			
House name/no:		Postcode:	
<b>Please select the service you require*:</b> 3 working-day (£22.00 incl. VAT)	2 working-day (£32.00 incl. VAT)		
What date will you post your samples?			Internal use only – receipt of sample(s)
	Sample ID	Species	Visual check Confirm type of sample
			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
1			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
2			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
3			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
4			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
5			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
6			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
7			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
8			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
9			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
10			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
11			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
12			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
13			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
14			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
15			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
16			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
17			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
18			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
19			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
20			<input type="checkbox"/> Blood <input type="checkbox"/> Membrane <input type="checkbox"/> Feather
<b>Total to be sent:</b>			<b>Total received:</b>

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## Payment details

<b>Amount: £</b> <i>internal only</i>		<b>Date of payment:</b> <i>internal only</i>	
			<b>Internal only</b>
<b>Payment Method</b>	<b>Select</b>	<b>Information</b>	<b>Reference</b>
<b>Initials</b>			
I have paid online		Please confirm your order no:	
Credit or debit card Via Square®		We will send you a payment link/invoice after your sample receipt unless otherwise arranged. If you would like to pay in advance, please email sales@chxout.com for a payment link (including the number of samples you would like to send & chosen turnaround) or give us a call on 01915 439448.	
Cash		Hand delivered samples only.	
Cheque		Made payable to Complement Genomics Ltd.	
I have an account with you		You will be sent an invoice at the end of the main breeding season from accounts@compgeno.com.	
I require an invoice/ VAT receipt for my records			
<b>Invoicing (Internal use only)</b>			
Reference:	Date:	Initials:	

### Your results report will be sent to you via email

Please ensure that your client reference is included on your samples when they are posted to us to match up with your submission form. Please email this form to [sales@chxout.com](mailto:sales@chxout.com) where possible, so that we know to expect your samples.

Please note that we do not operate on weekends or bank holidays.

The working day your sample(s) arrive at the laboratory is classed as 'day 0.'

I hereby accept the chXout® Terms and Conditions of Sale ([www.chxout.com/terms-conditions](http://www.chxout.com/terms-conditions))

I hereby accept consent to Complement Genomics Ltd holding my personal information for the purpose of processing orders and keeping me (or my company) updated. I understand that I may withdraw this consent at any time whereupon Complement Genomics will destroy my records.

**Client notes** (If you require any further sampling materials, please confirm type (blood/membrane etc.) & quantity. We will send these out to you as soon as possible.)

**Internal notes**