

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.

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: AVS -	Date of receipt:	Results due:	Signature:
	Date of logging in:		

Your details

**Required fields*

Client reference:	Client name*:		
Please confirm your e-mail for results*:			
If you are a new client, please also complete our New Client Request form found here			
If you are an existing/new client and do not have your client reference yet, please also confirm:			
House name/no:	Postcode:		
Please select the service you require*:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">3 working day (£22.00 incl. VAT)</td> <td style="width: 50%; border: none; padding: 5px;">2 working day (£32.00 incl. VAT)</td> </tr> </table>	3 working day (£22.00 incl. VAT)	2 working day (£32.00 incl. VAT)
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	Please note any non-conformances
1			<input type="checkbox"/> Blood Membrane Feather	
2			<input type="checkbox"/> Blood Membrane Feather	
3			<input type="checkbox"/> Blood Membrane Feather	
4			<input type="checkbox"/> Blood Membrane Feather	
5			<input type="checkbox"/> Blood Membrane Feather	
6			<input type="checkbox"/> Blood Membrane Feather	
7			<input type="checkbox"/> Blood Membrane Feather	
8			<input type="checkbox"/> Blood Membrane Feather	
9			<input type="checkbox"/> Blood Membrane Feather	
10			<input type="checkbox"/> Blood Membrane Feather	
11			<input type="checkbox"/> Blood Membrane Feather	
12			<input type="checkbox"/> Blood Membrane Feather	
13			<input type="checkbox"/> Blood Membrane Feather	
14			<input type="checkbox"/> Blood Membrane Feather	
15			<input type="checkbox"/> Blood Membrane Feather	
16			<input type="checkbox"/> Blood Membrane Feather	
17			<input type="checkbox"/> Blood Membrane Feather	
18			<input type="checkbox"/> Blood Membrane Feather	
19			<input type="checkbox"/> Blood Membrane Feather	

AVIAN DNA SEXING - SAMPLE SUBMISSION & PROCESSING FORM



20			<input type="checkbox"/> Blood Membrane Feather
21			<input type="checkbox"/> Blood Membrane Feather
22			<input type="checkbox"/> Blood Membrane Feather
23			<input type="checkbox"/> Blood Membrane Feather
24			<input type="checkbox"/> Blood Membrane Feather
25			<input type="checkbox"/> Blood Membrane Feather
26			<input type="checkbox"/> Blood Membrane Feather
27			<input type="checkbox"/> Blood Membrane Feather
28			<input type="checkbox"/> Blood Membrane Feather
29			<input type="checkbox"/> Blood Membrane Feather
30			<input type="checkbox"/> Blood Membrane Feather
31			<input type="checkbox"/> Blood Membrane Feather
32			<input type="checkbox"/> Blood Membrane Feather
33			<input type="checkbox"/> Blood Membrane Feather
34			<input type="checkbox"/> Blood Membrane Feather
35			<input type="checkbox"/> Blood Membrane Feather
36			<input type="checkbox"/> Blood Membrane Feather
37			<input type="checkbox"/> Blood Membrane Feather
38			<input type="checkbox"/> Blood Membrane Feather
39			<input type="checkbox"/> Blood Membrane Feather
40			<input type="checkbox"/> Blood Membrane Feather
Total sent:			Total received:

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 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)

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.

Please continue to page 3 for Payment Details

AVIAN DNA SEXING - SAMPLE SUBMISSION & PROCESSING FORM



PAYMENT DETAILS

Amount: £ <i>internal only</i>		Date of payment: <i>internal only</i>		
Payment Method	Select	Information	Internal only	
			Reference	Initials
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.		
I have an account		You will be emailed an invoice at the end of the main breeding season from accounts@compgeno.com.		
I require an invoice/ VAT receipt for my records				
Invoicing (Internal use only)				
Reference:		Date:	Initials:	

<p>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.)</p>
<p>Internal notes</p>