



GALLOWAY CATTLE SOCIETY
OF
NEW ZEALAND (INC)

OFFICAL ALPHA MANNOSIDOSIS TEST RESULTS FORM

Herd Name/s _____ Herd No: _____

Owners Name _____

Address _____

Phone: _____ Mobile: _____ Email: _____

TAG	NAME	HB NO	DOB	SEX	BREED	SIRE	HB NO	DAM	HB NO

The samples will be dispatched to _____ for testing.
I hereby certify I have identified and taken hair samples from the above Galloway cattle for DNA testing for Alpha Mannosidosis.

Signed: _____ Dated: _____

Firm: _____

**This form does NOT accompany the sample to the testing laboratory.
Return this Alpha Mannosidosis Test Form with test results to the Registrar.**