



**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.**

**Registrar: Susan Nicol**