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[www.stockmansresource.com](http://www.stockmansresource.com)

**Customer Information Form for AM and NH Testing**

Farm/Ranch Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_

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**Choose your test or testing combination**

We accept blood or hair cards <i>semen or whole blood</i>	Price <i>Per Sample</i>	Number of <i>Samples</i>	Test <i>Cost</i>
<b>Arthrogyposis Multiplex (AM)</b>			
1 - 100 Samples	\$24.00	=	\$
100 + Samples	\$22.00	=	\$
<b>Neuropathic Hydrocephalus (NH)</b>			
1-5 Samples	\$22.00	=	\$
6-10 Samples	\$21.00	=	\$
11-50 Samples	\$20.00	=	\$
50+ Samples	\$19.00	=	\$
<b>AM + NH Combination</b>			
1-5 Samples	\$38.00	=	\$
6-10 Samples	\$37.00	=	\$
11-50 Samples	\$36.00	=	\$
50+ Samples	\$35.00	=	\$
<b>Additional Fee for Whole Blood Samples</b>			
Per Sample	\$1.00	=	\$
For "Priority" mail shipping to the lab add \$4.95; "Express" add \$17.50		=	\$
Samples are shipped to the lab via First Class mail, generally on the date of receipt, for no charge unless "Priority" or "Express" shipping is requested.			<b>Total</b>

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**Payment Information**

Payment Method (Circle One) **VISA** **MASTER CARD** **CHECK/MONEY ORDER**  
**Credit Card Informaton**  
 Credit Card Number \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_  
 Address on Card \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

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**ACKNOWLEDGMENT**

I certify that the information provided on this form is accurate, and I acknowledge that I have read and agree to the Terms and Conditions included with this form and/or as printed on the Stockman's Resource Center website.  
 Owner or Authorized Representative Signature \_\_\_\_\_  
 Date Signed \_\_\_\_\_