



Council on Dairy Cattle Breeding

New SNP array validation for Genotyping Laboratory

Application Form

ORGANIZATION/COMPANY		
Name:		
Address:		
Telephone:		
Web page:		
AUTHORIZED REPRESENTATIVE		
Name:		
Position:		
Telephone:		
Cell phone:		
E-mail:		
LABORATORY PERSONNEL TO BE GRANTED ACCESS TO VALIDATION PROCESS RESULTS		
	Contact person 1	Contact person 2
Name:		
Position:		
Telephone:		
Cell phone:		
E-mail:		
SNP ARRAY DETAILS		
SNP array full name		
Desired 3-character code for SNP array		
Array size (e.g. number of samples in a single array/chip)		
Technology (e.g. Illumina, Affymetrix, etc)		
<p>I agree to pay the appropriate validation service fee, as described in the CDCB policy document "Use of national cooperator database for SNP array validation and SNP information disclosure". <input style="float: right;" type="checkbox"/></p> <p>I agree that some SNP array information (including - but not restricted to - full and short names, SNP names, chromosome and position) will be shared with CDCB collaborators. <input style="float: right;" type="checkbox"/></p> <p>I agree that SNP array long and short names, total number of SNPs in the array and total SNPs used in the CDCB evaluation set) will be released publicly. <input style="float: right;" type="checkbox"/></p>		
Date:	Signature:	



Please send application to:

Council on Dairy Cattle Breeding

Genomics team

One Town Center

4201 Northview Drive,

Suite 302

Bowie, MD 20716

Phone: 240-334-4164

Email: genomics@uscddb.com

Payment instructions and invoice will be released by CDCB once the application form is approved.