

# Approved Collection Method (ACM) Submission Form

This form **MUST** be submitted with samples to confirm an Approved Collection Method  
Approved Collection Method is not met if samples collected by owner

Owner's Name:

Email Address:

Have you registered/created an account online?  Y  N

## COLLECTOR'S DETAILS

**Please Note:** You will need to register, pay for and activate your samples online.  
Use this form and the information on it to allocate barcodes to animals in your account.

Please Tick:  Collected by a **Collection Agent** Agent ID:   
(Visit [www.orivet.com](http://www.orivet.com) for a list of agents)

Collected by a **Vet**  Collected by **Owner**

Date of Collection:  /  /

Collector Name:

Name of Clinic:

Tamper Evident Bag Unique Barcode:

Microchip Number:

Sample (Swab Packet) Barcode Sticker

1 Pet Name 1 Sex Colour

Litter Information

Registration Number (optional/if known) DOB Breed

Test Requested (Please Tick) -  DNAP (DNA Profile Unique Identifier for Parentage)  FBP (Full Breed Disease and Trait Profile)  Single Test (Single Disease/Trait) Please Specify Single Test :

Microchip Number:

Sample (Swab Packet) Barcode Sticker

2 Pet Name 2 Sex Colour

Litter Information

Registration Number (optional/if known) DOB Breed

Test Requested (Please Tick) -  DNAP (DNA Profile Unique Identifier for Parentage)  FBP (Full Breed Disease and Trait Profile)  Single Test (Single Disease/Trait) Please Specify Single Test :

Microchip Number:

Sample (Swab Packet) Barcode Sticker

3 Pet Name 3 Sex Colour

Litter Information

Registration Number (optional/if known) DOB Breed

Test Requested (Please Tick) -  DNAP (DNA Profile Unique Identifier for Parentage)  FBP (Full Breed Disease and Trait Profile)  Single Test (Single Disease/Trait) Please Specify Single Test :

**Please Note:**  
No Collection Agents receive results.

Collector's Signature

I hereby acknowledge that the sample/s collected has/have been identified via the microchip number (microchip scanned and verified)