



Annex V *(19th August 2016)*

ICAR DNA Working Group Application Form for Centres seeking ICAR Accreditation status for DNA Data Interpretation

To be returned by e-mail to: DNA@icar.org

1. APPLICANT ADDRESS DETAILS (fill out)

Country:
Organisation Name:
Organisation Dept.:
Contact person:
Address:
Telephone:
E-mail:
EU VAT no.....
or Tax Registration no. (For non EU applicants).....

2. ICAR MEMBER WHO NOMINATES APPLICANT CONTACT/ ADDRESS DETAILS (fill out)
(N/A if Applicant in 1. is already an ICAR Member)

Country:
ICAR Member Organisation:
Contact person:
Address:
Telephone:
E-mail:

3. APPLICANT EDUCATION, TRAINING, AND EXPERIENCE OF EMPLOYEE RESPONSIBLE FOR CONDUCTING DNA DATA INTERPRETATION

a. Level of education of the head of the DNA Data Interpretation activities (tick the box and describe)

- ☐ Ph.D. in
☐ Masters of Science in
☐ Bachelors of Science in
☐ Other
☐ None

b. Experience of senior employee in conducting DNA Data Interpretation (tick)

- ☐ More than 5 years
☐ More than 2 years but less than 5 years
☐ Less than 2 years



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4. EXPERIENCE USING SNPS FOR DNA DATA INTERPRETATION

a. Describe briefly:

Overview of your Organisations SNP Parentage Analysis Software/Process (Cite scientific reference publications when available)

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List key Customers of your existing DNA Data Interpretation Services and estimated annual volume for each in the table below;

DNA Data Interpretation Service	Customer	Annual Volume
1. Parentage verification		
2. Parentage discovery		
3. Microsatellite imputation from SNPs		
4. Animal identification verification		

Comments:
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Procedure and key statistics for error and repeatability checking (for SNP genotypes incoming and Parentage Analysis results outgoing) Define, Unresolved figures, Mismatches,

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b. Other pertinent information to add? (describe)

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5. NAME & CERTIFICATION STATUS OF THE LABORATORIES WHICH PROVIDES THE DNA DATA TO YOUR CENTRE.

Table 1. The Top 5 Laboratories (by volume) supplying genotypes to your Centre.

<u>Name of Lab supplying genotypes?</u>	<u>What % of your supply</u>	<u>% Call Rate</u>	<u>ISAG Accredited?</u>	<u>ICAR Accredited?</u>

Other Comments re your source(s) of genotypes?

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6. LEVEL OF ICAR ACCREDITATION FOR WHICH YOUR ORGANISATION IS APPLYING?

- a. Please indicate to what level of DNA Data Interpretation (tick) you wish your Organisation to be listed (will be indicated on ICARs Accreditation Listing on our website):

- ☐ (1) Parentage Verification
☐ (2) Parentage Discovery
☐ (3) Microsatellite Imputation from SNPs
☐ (4) Animal Identification Verification

Note: Please tick each that applies to your application.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

This Box for ICAR Office Use Only;

Application No.:

Date Rec'd:

Date To DNA WG:

Date Interbull Centre send out:

Date back from Applicant to Interbull

Interbull Pass/Fail:

Date Notification to Applicant: