

Sample #: _____ Date: _____

FOR OFFICE USE ONLY


Equine Test Submission Form

OWNER INFORMATION	Name: _____ Business Name: _____
	Address: _____
	City: _____ State: _____ Zip Code: _____ Country: _____
	Phone #: _____ Fax #: _____ E-mail: _____

HORSE INFORMATION	Sample Information
	Name: _____ Registration #: _____
	Breed: _____ Color: _____

Parents of Horse (not required)
Sire's Name: _____
Registration: _____ Breed: _____ Color: _____
Dam's Name: _____
Registration: _____ Breed: _____ Color: _____

TESTING DETAILS	<p><u>EQUINE COAT COLOR</u></p> <p><input type="checkbox"/> Appaloosa (LP)</p> <p><input type="checkbox"/> Tobiano</p> <p><input type="checkbox"/> Lethal White/Frame Overo (LWO)</p> <p><input type="checkbox"/> Sabino1</p> <p><input type="checkbox"/> Red/Black Factor</p> <p><input type="checkbox"/> Agouti (Bay)</p> <p><input type="checkbox"/> Cream Dilution</p> <p><input type="checkbox"/> Silver Dilution</p> <p><input type="checkbox"/> Champagne Dilution</p> <p><input type="checkbox"/> Pearl Dilution</p> <p><input type="checkbox"/> Gray</p> <p><input type="checkbox"/> Dominant White (W5, W10)</p>	<p><u>EQUINE GENETIC DISORDERS</u></p> <p><input type="checkbox"/> Hyperkalemic Periodic Paralysis (HYPP)</p> <p><input type="checkbox"/> Hereditary Equine Regional Dermal Asthenia (HERDA)</p> <p><input type="checkbox"/> Polysaccharide Storage Myopathy – Type 1 (PSSM1)</p> <p><input type="checkbox"/> Malignant Hyperthermia (MH)</p> <p><input type="checkbox"/> Glycogen Branching Enzyme Deficiency (GBED)</p> <p><input type="checkbox"/> Junctional Epidermolysis Bullosa (JEB1, JEB2)</p> <p><input type="checkbox"/> Cerebellar Abiotrophy (CA)</p> <p><input type="checkbox"/> Congenital Stationary Night Blindness (CSNB)</p> <p><input type="checkbox"/> Combination Panel (HYPP, HERDA, GBED, PSSM, MH)</p>
	<p><u>EQUINE TYPING PROFILE</u></p> <p><input type="checkbox"/> Individual DNA Profile (ISAG profile) <input type="checkbox"/> Parentage Verification</p> <p>Foal _____ Mare _____</p> <p>Sire 1 _____ Sire 2 _____</p>	

ADDITIONAL INFORMATION	Payment Amount: _____ <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal (PayPal@animalgenetics.us)					
	<p>Credit Card Information</p> 					
	<table border="1"> <tr> <td>Print customer name:</td> <td>Account #:</td> <td>Exp. Date:</td> </tr> <tr> <td>Signature of Cardholder:</td> <td>Billing zip code (postal code):</td> <td>3 or 4 digit Security Code #:</td> </tr> </table>	Print customer name:	Account #:	Exp. Date:	Signature of Cardholder:	Billing zip code (postal code):
Print customer name:	Account #:	Exp. Date:				
Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #:				

Instructions:
 Pull 30-40 mane or tail hairs with roots attached. Place hairs into a plastic zip-lock bag. Only one sample per horse is required to run multiple tests. Label bag with the horse's name as indicated on this form. Include payment information for the appropriate amount and send samples to the address below.

Results:
 Results are strictly confidential and will only be provided to the person listed above. Test results are usually available within 2-4 business days of sample receipt and will be emailed and found in your online account through our web-site as soon as they are available. A hard copy of the results will be mailed for each sample.

By submitting this form with your sample you agree that Animal Genetics Inc. will not be held accountable for any incidental or consequential damages of any kind. Furthermore, Animal Genetics Inc. retains full ownership of the sample submitted.