

## Equine Test Submission Form

Sample #: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**OWNER INFORMATION**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**HORSE INFORMATION**

**Sample Information**  
 Name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**TESTING DETAILS**

### EQUINE COAT COLOR

- Appaloosa (LP)
- Tobiano
- Lethal White/Frame Overo (LWO)
- Splash White (SW1, SW2, SW3)
- Sabino1
- Red/Black Factor
- Agouti (Bay)
- Cream Dilution
- Silver Dilution
- Champagne Dilution
- Pearl Dilution
- Gray
- Dominant White (W5, W10)
  
- Color Panel (**\$95.00**)  
Red/Black, Agouti, Cream, Silver, Pearl, Champagne
- Pattern Panel (**\$95.00**)  
Appaloosa, Tobiano, LWO, Splash White, Sabino

### EQUINE GENETIC DISORDERS

- Hyperkalemic Periodic Paralysis (HYPP)
- Hereditary Equine Regional Dermal Asthenia (HERDA)
- Polysaccharide Storage Myopathy – Type 1 (PSSM1)
- Malignant Hyperthermia (MH)
- Glycogen Branching Enzyme Deficiency (GBED)
- Junctional Epidermolysis Bullosa (JEB1, JEB2)
- Severe Combined Immunodeficiency Disease (SCID)
- Lavender Foal Syndrome (LFS)
- Cerebellar Abiotrophy (CA)
- Congenital Stationary Night Blindness (CSNB)
- Combination Panel (SCID, LFS, CA) (**\$125.00**)
- Combination Panel (HYPP, HERDA, GBED, PSSM, MH) (**\$95.00**)

### EQUINE TYPING PROFILE

Individual DNA Profile (ISAG profile)  Parentage Verification

Foal \_\_\_\_\_ Mare \_\_\_\_\_

Sire 1 \_\_\_\_\_ Sire 2 \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Payment** Amount: \_\_\_\_\_  Check# \_\_\_\_\_  Money Order  Credit Card  Request a PayPal Invoice

Pre-pay Via PayPal ([PayPal@animalgenetics.us](mailto:PayPal@animalgenetics.us)) Date Payment Sent: \_\_\_\_\_ Transaction Number: \_\_\_\_\_

### Credit Card Information



Print customer name: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Billing zip code (postal code): \_\_\_\_\_

3 or 4 digit Security Code #: \_\_\_\_\_

**Test results and invoices** are sent via email as a PDF. Please check here to have results sent via US Mail.

### 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.

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.