

Equine Parentage and Animal Genetic Services Centre Equine Test Submission Form

Genotyping Genotyping				Genetic Disorder						er 🕒 Coat (at Colour Blood Screening												
SUBMITTER: Name								В	BILLI	NG:	: Na	me															
Postal Address									Postal Address																		
Phone											Ph	one															
Email									Email																		
Submit on behalf of (tick one)	Owner (Private) Breed Society				PAYMENT (tick one)					Please invoice By Cheque (to Massey University)																	
Horse Name/ID Add sex, breed, year of birth after name Add sire/dam if applicable			Genotype	QH 5P	ARAB 3P	AME/SRY	GBED	HERDA	НУРР	МН	PSSM1	HWSD	LP/CSNB	DMRT3	Extension	Agouti	Champagne	Cream	Pearl	Silver	Lethal White	Sabino	Tobiano	AaQa Screen	Titre	Blood Type	Lab Numbe i (Lab to fill out
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Massey University accepts no liability for the accuracy of animal's information which is supplied by the sample submitter. The submitter verifies that the information enclosed on this form is true and correct. Test results are returned solely to the sample submitter.																											
Submitter sign:									D	ate	: _																

Send Samples to: Equine Parentage & Animal Genetic Services Centre, Drysdale Drive, Massey University PN811, Palmerston North 4472