

# Equine Parentage and Animal Genetics Services Centre

## DNA Test Submission form

|                        |  |                      |  |
|------------------------|--|----------------------|--|
| <b>SUBMITTER:</b> Name |  | <b>BILLING:</b> Name |  |
| Postal Address         |  | Postal Address       |  |
| Phone                  |  | Phone                |  |
| Email                  |  | Email                |  |

Results will be sent to the submitter. If Submitter is also paying, leave 'Billing' field blank. Please Invoice  Paid by Cheque

| <b>Animal Details</b><br>(Add Sire & Dam if applicable) |             | Hydrocephalus | Dwarfism | PSSM1 | HERDA | HYPP | MH | GBED | HWSD | DMRT3 | LP/CSNB | Pearl | Grey | Agouti | Cream | Extension | Champagne | Lethal White | Sabino | Silver | Tobiano | NI titre | Genotype | Lab Number<br>Lab to fill out |
|---|-------------|---------------|----------|-------|-------|------|----|------|------|-------|---------|-------|------|--------|-------|-----------|-----------|--------------|--------|--------|---------|----------|----------|-------------------------------|
| <b>1.</b>   |             |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>Dam:</b>   |             |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>Sire:</b>  |             |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>D.O.B:</b>   | <b>SEX:</b> |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>2.</b>   |             |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>Dam:</b>   |             |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>Sire:</b>  |             |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |
| <b>D.O.B</b>  | <b>SEX:</b> |               |          |       |       |      |    |      |      |       |         |       |      |        |       |           |           |              |        |        |         |          |          |                               |

Massey University accepts no liability for the accuracy of animal's information which is supplied by the sample submitter and the submitter verifies that the animal information submitted on this form is true and correct.

**Submitter sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address to send samples:**  
Equine Parentage & Animal Genetic Services Centre  
Drysdale Drive  
Massey University PN811, Palmerston North 4472

Please enclose payment with your samples.  
(Cheques made out to 'Massey University' please)