



Sample #: _____ Date: _____

FOR OFFICE USE ONLY

If **not** submitted by the owner,
please enter account # to be used: **ACDHA: 161037**

Equine Test Submission Form

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

INFORMATION HORSE	Sample Information
	Name: _____ Registration #: _____
	Breed: <u>AMERICAN CREAM DRAFT HORSE</u> Color: _____
	Gender: _____ Year of Birth: _____
Parents of Horse (not required)	
Sire's Name: _____	
Registration: _____ Breed: _____ Color: _____	
Dam's Name: _____	
Registration: _____ Breed: _____ Color: _____	

DETAILS TESTING	<p>Required panels (A&B) are shown below and are BOLD</p> <p>Tests are not required to be done at the same time, but must be on file before completion of registration</p> <p><input type="checkbox"/> A. ISAG+ DNA Profile</p> <p><input type="checkbox"/> Individual ISAG+ DNA Profile (\$25)</p> <p><input type="checkbox"/> ISAG+ DNA Profile completed by another lab (\$10)</p> <p><input type="checkbox"/> B. Equine Genetic Disorders</p> <p><input type="checkbox"/> Junctional Epidermolysis Bullosa 1 (JEB1) (\$35)</p> <p>Optional Genetic Disorders</p> <p><input type="checkbox"/> Polysaccharide Storage Myopathy 1 (PSSM1) (\$40)</p> <p>Combination Panels</p> <p><input type="checkbox"/> Genetic Disorders –PSSM1 & JEB1 (\$65)</p> <p><input type="checkbox"/> Red/Black & Agouti (\$40)</p> <p><input type="checkbox"/> Cream & Champagne (\$40)</p> <p><input type="checkbox"/> Sabino1 & Dominant White 20 (\$40)</p> <p><input type="checkbox"/> Combo I –DNA Profile, JEB1, PSSM1, Red/Black, Agouti, Cream, & Champagne (\$125)</p> <p><input type="checkbox"/> Combo II –DNA Profile, JEB1, PSSM1, Red/Black, Agouti, Cream, Champagne, Sabino1, & Dom. White 20 (\$150)</p>	<p>Optional Color & Pattern Testing</p> <p><input type="checkbox"/> Red/Black Factor (\$25)</p> <p><input type="checkbox"/> Agouti (\$25)</p> <p><input type="checkbox"/> Cream (\$25)</p> <p><input type="checkbox"/> Champagne (\$25)</p> <p><input type="checkbox"/> Sabino 1 (\$25)</p> <p><input type="checkbox"/> Dominant White 20 (\$25)</p>
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ADDITIONAL INFORMATION	<p>Payment Amount: _____ <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Request a PayPal Invoice</p> <p><input type="checkbox"/> Pre-pay Via PayPal (PayPal americancreamdraft.com) Date Payment Sent: _____ Transaction Number: _____</p> <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):	3 or 4 digit Security Code #:
	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 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 all samples submitted and may choose to use any sample to conduct further testing. Results are available for paid tests only. For future release, Animal Genetics may run additional tests on the sample submitted that are not requested on this form. Access to test results is limited to the individuals listed in account.