

Equine Parentage and Animal Genetics Services Centre

Test Submission Form



Avian



Alpaca



Bovine



Ovine

SUBMITTER: Name		BILLING: Name	
Postal Address		Postal Address	
Phone		Phone	
Email		Email	
Submit on behalf of (tick one)	Owner (Private) <input type="checkbox"/> Breed Society <input type="checkbox"/>	PAYMENT (tick one)	Please invoice <input type="checkbox"/> By Cheque (to Massey University) <input type="checkbox"/>

Species /Breed	Sample ID	Sexing	PBFD	Chlamydia	Malaria	Alpaca Genotype	AM	CA	DD	Hyp/IE/DII	NH	Mann	Myo	Red Factor	Genotype (Hair/Blood)	Genotype (Semen)	Spider Lamb Syndrome	Lab Number (Lab to fill out)	

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 submitted on this form is true and correct.

Submitter sign: _____

Date: _____

Send Samples to: Equine Parentage & Animal Genetic Services Centre, Drysdale Drive, Massey University PN811, Palmerston North 4410