

Equine Parentage and Animal Genetic 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) <input type="checkbox"/> Owner (Private) <input type="checkbox"/> Breed Society	PAYMENT (tick one) <input type="checkbox"/> Please invoice <input type="checkbox"/> By Cheque (to Massey University)

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 <small>(Lab to fill out)</small>

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: _____

Date: _____

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