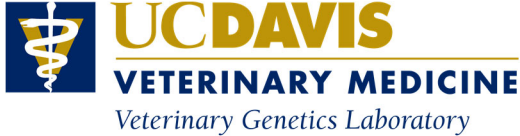


Equine Embryo PGD Sample Submission Form



Telephone (530) 752-2211

FAX (530) 752-3556

Website www.vgl.ucdavis.edu

DHL/FedEx/UPS Address

Veterinary Genetics Laboratory
University of California, Davis
Old Davis Road
Davis, CA 95616-8744

WGA + Gender test = \$110 per embryo
For additional tests select one or more of the following:

Owner/Agent Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone (include area code): _____
FAX (include area code): _____
E-mail address for results: _____
Signature of person taking sample: _____
Date sample was taken: _____

Coat Color

- Agouti \$25
- Champagne \$25
- Dominant White \$25
- Dun \$25
- Gray \$25
- Lethal White Overo \$25
- Pearl \$25
- Red Factor \$25
- Sabino 1 \$25
- Silver \$25
- Splashed White \$25
- Tobiano \$25
- Red Factor + Agouti \$40

Diagnostics and Parentage

- CA \$40
- GBED \$40
- HERDA \$40
- HYPP \$40
- LFS \$40
- MH \$40
- MYHM \$40
- PSSM1 \$40
- Equine Disease Panel \$95
(GBED, HERDA, HYPP, MH, MYHM, PSSM1)
- Parent Verification \$40

For detailed information on these tests please visit our website:
www.vgl.ucdavis.edu

Embryo ID <small>(One embryo per form)</small>	Breed	Name of Parents		Registration # of Parents	Case # of Parents <small>(Required for Parent Verification)</small>
		Sire			
		Dam			

Sample Instructions:

About 5-10 cells from embryo biopsy in 1-2 microliters of PBS 2% PVP buffer or cell culture medium. Place cells at the bottom of a 0.2 ml thin walled tube. DO NOT EXCEED REQUIRED VOLUME.

Shipping Instructions:

Ship overnight, on ice or dry ice via DHL, FedEx or UPS.

Results:

- (1) Results will be e-mailed or faxed.
- (2) All results are **confidential**. The Veterinary Genetics Laboratory **will not provide** results by phone and the results will only be released to person listed in left hand corner.

Payment:

We accept checks, money orders, American Express, Discover, MasterCard and VISA.
Payment must accompany the samples. Samples will not be processed until payment is made.

VGL OFFICE USE ONLY

Check # _____
Amount _____
Date _____



VGL Office Use Only
VGL Case #s: _____
Amt. Charged: _____
Date Charged: _____

CREDIT CARD AUTHORIZATION FORM

CARD TYPE:
(Please circle one)



CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

COMPLETE BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

TOTAL AMOUNT AUTHORIZED TO BE CHARGED: _____

AUTHORIZED SIGNATURE: _____

Credit Card Authorization Form Revised 06/25/2021

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