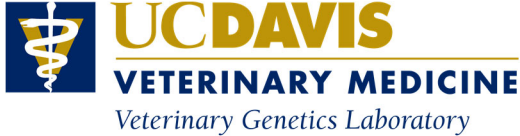


# Equine Embryo PGD Sample Submission Form



**Telephone** (530) 752-2211  
**FAX** (530) 752-3556  
**Website** [www.vgl.ucdavis.edu](http://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 = \$120 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 \$40
- Champagne \$40
- Dominant White \$40
- Dun \$40
- Gray \$40
- Lethal White Overo \$40
- Pearl \$40
- Red Factor \$40
- Sabino 1 \$40
- Silver \$40
- Splashed White \$40
- Tobiano \$40
- Red Factor + Agouti \$50

**Diagnostics and Parentage**

- CA \$45
- GBED \$45
- HERDA \$45
- HYPP \$45
- LFS \$45
- MH \$45
- MYHM \$45
- PSSM1 \$45
- Equine Disease Panel \$100  
(GBED, HERDA, HYPP, MH, MYHM, PSSM1)
- Parent Verification \$44

**For detailed information on these tests please visit our website:**  
**[www.vgl.ucdavis.edu](http://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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