Equine Embryo PGD Sample Submission Form

Telephone (530) 752-2211
Fax (530) 752-3556
Website www.vgl.ucdavis.edu

Check # ____________________________
Amount ____________________________
Date ____________________________

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

<table>
<thead>
<tr>
<th>Coat Color</th>
<th>Diagnostics and Parentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agouti</td>
<td>CA</td>
</tr>
<tr>
<td>Champagne</td>
<td>GBED</td>
</tr>
<tr>
<td>Dominant White</td>
<td>HERDA</td>
</tr>
<tr>
<td>Dun</td>
<td>HYPP</td>
</tr>
<tr>
<td>Gray</td>
<td>LFS</td>
</tr>
<tr>
<td>Lethal White Overo</td>
<td>MH</td>
</tr>
<tr>
<td>Pearl</td>
<td>PSSM1</td>
</tr>
<tr>
<td>Red Factor</td>
<td>Parent Verification $40</td>
</tr>
<tr>
<td>Sabino 1</td>
<td></td>
</tr>
<tr>
<td>Silver</td>
<td></td>
</tr>
<tr>
<td>Splashed White</td>
<td></td>
</tr>
<tr>
<td>Tobiano</td>
<td></td>
</tr>
<tr>
<td>Red Factor + Agouti</td>
<td></td>
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</tbody>
</table>

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

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.

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: __________________

Embryo ID
(One embryo per form)

Breed

Name of Parents

Registration # of Parents

Case # of Parents
(Required for Parent Verification)

Sire

Dam

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Revised 10/22/2020