



DEER SAMPLE IDENTIFICATION FORM

Veterinary Genetics Laboratory - Deer DNA Testing
 One Shields Avenue (for regular U.S. Postal Service mail)
 Old Davis Road (for overnight deliveries via FedEx, UPS, DHL or similar carrier)
 University of California, Davis, CA 95616-8744

(530) 752-2211

FAX (530) 752-3556

<http://www.vgl.ucdavis.edu/>

(Copy as needed)

(PLEASE PRINT LEGIBLY OR TYPE)

Owner/Agent Name:

Address:

City:

State:

Zip:

Phone (include area code):

Fax (include area code):

E-mail address:

Signature of Person Taking Sample:

Date

Type of test:

DNA from hair

DNA from other tissue (must be approved by
 laboratory before submission)

Reason for testing:

Permanent file

Parentage verification

Additional explanation (if needed):

DEER SAMPLED						PARENTS OF DEER SAMPLED			REQUIRED if parentage is requested
Name of Animal	Registration No.	Year of Birth	Breed Code	Sex	Color	Sire and Dam	Name of Animal	Registration No.	VGL Case # (if previously tested)
						Sire			
						Dam			

Instructions:

- Send 20-30 coarse hairs from neck area pulled with roots attached in an envelope (Business Size Preferred).
- Label envelope clearly with the animal's name as indicated on the paperwork or registration papers.
- Include a check payable to **U.C. Regents**.
- Non-U.S.** checks must have "U.S. Dollars" or "USD" imprinted **by a bank**.
- Visa/MasterCard can be used for payment by completing the form on the next page.
- Samples from foreign countries **MUST** be accompanied by a current USDA Import Permit.
- Send package first class mail or any two-day or next-day service to address listed above.
- Samples will not be tested until payment is received.

VGL Office Use Only	
Ck#	_____
Amt.	_____
Date	_____

Results:

- One** copy of the results will be mailed to the address in the upper left hand corner.
- Results will also be e-mailed or faxed if information is provided above.
- All results are **confidential**. The Veterinary Genetics Laboratory **will not provide** results by phone and results will only be released to person listed in left hand corner.

**Veterinary Genetics Laboratory
University of California**

Credit Card Authorization

VGL Office Use

VGL Case #s: _____	
Amt Charged: _____	
Date Charged: _____	

Credit Card Information

Print customer name as it appears on card: 	
Account: 	Expiration Date:
Daytime Phone Number: 	
Signature of Cardholder: 	