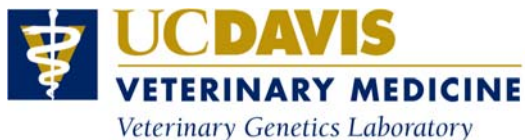


EQUINE EMBRYO PGD



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

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: _____

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

<input type="checkbox"/> Red Factor + Agouti - \$40	<input type="checkbox"/> Sabino 1 - \$25
<input type="checkbox"/> Red Factor - \$25	<input type="checkbox"/> Tobiano - \$25
<input type="checkbox"/> Agouti - \$25	<input type="checkbox"/> Dominant White W10 - \$25
<input type="checkbox"/> Champagne - \$25	<input type="checkbox"/> Splashed White - \$25
<input type="checkbox"/> Cream Dilution - \$25	<input type="checkbox"/> HYPP - \$40
<input type="checkbox"/> Gray - \$25	<input type="checkbox"/> HERDA - \$40
<input type="checkbox"/> Pearl Dilution - \$25	<input type="checkbox"/> GBED - \$40
<input type="checkbox"/> Silver Dilution - \$25	<input type="checkbox"/> MH - \$40
<input type="checkbox"/> Lethal White Overo - \$25	<input type="checkbox"/> CA - \$40
	<input type="checkbox"/> Lavender Foal Syndrome - \$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
		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	_____



VETERINARY GENETICS LABORATORY
SCHOOL OF VETERINARY MEDICINE
TELEPHONE: (530) 752-2211
FAX: (530) 752-3556

ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8744

Credit Card Authorization Form

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

Credit Card Information		
Print customer name as it appears on card: _____		
Account Number: _____	Expiration Date: _____	
Daytime Phone Number: _____	CVV Code: _____	Card Type*: _____
Signature of Cardholder: _____		
Total amount authorized to be charged: _____		

* Accepted credit cards: American Express, Discover, MasterCard, and VISA

Client's name as it appears on sample submission form: _____