



Telephone (530) 752-2211

FAX (530) 752-3556

Web-site www.vgl.ucdavis.edu

KARYOTYPING TEST FORM

Postal Address
 Veterinary Genetics Laboratory
 PO Box 1102
 Davis, CA 95617-1102

DHL/FedEx/UPS Address
 Veterinary Genetics Laboratory
 University of California, Davis
 Old Davis Road
 Davis, CA 95616-8744

(PLEASE PRINT LEGIBLY OR TYPE)

Owner/Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (include area code): _____

FAX (include area code): _____

E-mail address for results: _____

Choose specie of animal being tested:

- Cattle
 Dog
 Equine
 Other _____

Results will **EITHER** be (1) mailed and e-mailed; **OR** (2) mailed and faxed to address provided above.

I hereby certify that the animal described below by name and number is the animal from which the sample was taken.

Person taking sample: _____

Print name

Signature

Date sample taken

ANIMAL SAMPLED					PARENTS OF ANIMAL SAMPLED			
Registered Name of Animal <small>Only one animal per form</small>	Registration #	Date of Birth	Sex	Color	Sire and Dam	Name of Animal	Color	Registration #
					S			
					D			

Instructions:

- Sample requirement: Blood in a Sodium Heparin tube.(8-10cc for large animal/2-3cc for small animal)
- Blood samples should be taken from the animal and sent to the laboratory within 48 hours. Both **time and temperature are critical factors** in the shipping process.
- DO NOT FREEZE OR REFRIGERATE** samples at any time.
- Plan to avoid sending samples before a holiday when the laboratory will be closed. If you have any questions about the sampling schedule, please telephone the laboratory.
- Include a check payable to UC Regents in the amount of **\$100** by check or pay by American Express, Discover, Visa or MasterCard by filling out the attached form.
- Label each tube with the same identification (name or number) used on the identification form being sent with the sample.
- It is important to avoid contamination of blood samples – do not open blood tubes.
- Carefully wrap and package the tubes and send by Federal Express or UPS overnight to the address listed above.
- Results will be provided as soon as available, usually within 4 weeks after the laboratory receives the samples.
- 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 upper left hand corner.

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:	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: _____