

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 (One embryo per form)	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 0.5 ml tube. DO NOT EXCEED REQUIRED VOLUME.

Shipping Instructions:

Ship overnight, on ice or dry ice via DHL, FedEx or UPS.

Results:

- Results will be e-mailed or faxed.
- 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: _____