

Equine Sample Submission Form

Request No.:

Filled in by
laboratory



Addressee:

GeneControl GmbH
Senator-Gerauer-Str. 23a
85586 Poing
Deutschland

Customer: (=Address for invoice)

Name, Address, Phone, Fax, Email

Animal information:

Reg.No.		Date of birth:	Sample ID	filled in by laboratory
Name:		Breed:		<input type="checkbox"/> m <input type="checkbox"/> f

Mark with a cross where applicable:

Coat colour testing

- Red factor (RFP)
- Agouti (AG)
- Tobiano (TO)
- Cream Dilution (CR)
- Silver dapple (SIL)
- Grey (G) ¹
- Splashed White (SPL)

Disease testing

- SCID (SD)
- HYPP (HY)
- Lethal white overo (LWO)
- Cerebelar Abiotrophy (CA)
- Lavender foal syndrome (LFS)
- HERDA (HRD)
- Junctional epidermolysis bullosa (JEB)
- Hoof wall separation disease (HWSD)
- Warmblood fragile foal syndrome (WFFS) ²

Date of receipt _____

¹ this test does not discriminate between heterozygous and homozygous grey horses!

² Performed by partner laboratory

Only those orders can be processed which are signed by the customer

Date, Signature

I accept the Terms and Conditions of GeneControl GmbH. These can be viewed at <https://www.genecontrol.de> or be requested through the office and are part of the assignment. Furthermore, I agree to the execution of the service before the cancellation period expires.

Copy of report to:

Name, Address, Phone, Fax, Email