

# Equine Sample Submission Form

Submission no.:

Filled in by  
laboratory



**Receiver:**

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:**

Date of receipt \_\_\_\_\_

**Coat colour testing**

- Red factor (RFP)
- Agouti (AG)
- Tobiano (TO)
- Champagne Dilution (CH)
- Cream Dilution (CR)
- Silver dapple (SIL)
- Grey (G) <sup>1</sup>
- Pearl Dilution (PRL)
- Splashed White (SPL)
- Mushroom (MR)
- Dun (DUP)
- W8 White Spotting (W8)
- W20 White Spotting (W20)
- W21 White Spotting (W21)
- Appaloosa Spotting (Leopard Complex)
- Pattern-1

**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) <sup>2</sup>
- PSSM 1 <sup>2</sup>

<sup>1</sup> this test does not discriminate between heterozygous and homozygous grey horses!

<sup>2</sup> Performed by partner laboratory

Only those orders can be processed which were 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