GENOMIA
genetic laboratory

Sample number

Order form for Horses genetic testing

Name of the veterinary clinic
(Do not fill in, if the customer is a breeder or an owner of the horse)

Owner/Breeder

Name: .....

Street: .....

Post code, town: .....

Country: .....

Tax-ID-No.: .....

Tel.: .....

E-mail: .....

E-mail: .....

To be invoiced to: ☐ clinic ☐ breeder **Send the test result report by:** ☐ e-mail ☐ post + e-mail (+2,10€)

Payment: ☐ cash ☐ card (PayPal service) ☐ bank transfer

HORSE

Sex: ☐ female ☐ male **Sample type:** ☐ swab ☐ blood ☐ horsehair

Name: .....

Breed: ..... Date of birth: .....

Tatoo number: ..... Registration No.: .....

Tick the tests required:

- ☐ Locus A (Bay / Black)
- ☐ Locus E (Red factor)
- ☐ Locus C (Cream)
- ☐ Tobiano
- ☐ Overo
- ☐ Sabino

Hereby, I confirm that according to this order form I have checked the animal identification and taken the samples and marked it (non-compulsory):

ilac-MRA L 1549

Vet's name and stamp: .....

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