

**Internal Use**

CAG Auftrags-Nr.: \_\_\_\_\_ CAG Kunden-ID.: \_\_\_\_\_  
CAG Proben-Nr.: \_\_\_\_\_ CAG Tier ID: \_\_\_\_\_

PERSONAL CASE REFERENCE NUMBER

**HORSE HEREDITARY DISEASE TEST**

*This form must be completed once per order*

**SUBMISSION FORM - PART 1**

**Details of Person Requesting the Test**

Surname \_\_\_\_\_  
Name \_\_\_\_\_  
Company \_\_\_\_\_  
Street \_\_\_\_\_  
Zip Code \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Studbook membership number \_\_\_\_\_

**ORDER DETAILS**

Number of sample submitted: \_\_\_\_\_ Number of tests requested: \_\_\_\_\_

*By signing below,*

*I certify that I am the owner of the horse, or have the owner's permission to submit samples from the horse for DNA testing and I understand that DNA from the samples provided may be anonymised and used for future research.*

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ DD / MM / YYYY

**RESULTS EMAIL**

Email: \_\_\_\_\_ Password: \_\_\_\_\_

*In accordance with data protection best practice you are required to create a password. This will help us confirm your identity when you contact our customer service team.*

**Internal Use**

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PERSONAL CASE REFERENCE NUMBER

**HORSE HEREDITARY DISEASE TEST**

*This form must be completed once per horse*

**SUBMISSION FORM - PART 2**

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_  
UELN \_\_\_\_\_ Coat Colour \_\_\_\_\_  
Microchip Nr. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Registry \_\_\_\_\_ Sex  Male  Female

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_  
UELN \_\_\_\_\_ UELN \_\_\_\_\_  
Registry \_\_\_\_\_ Registry \_\_\_\_\_

**REQUESTED TESTING**

Please write the reference number(s) of the hereditary disease(s) to be tested below (e.g. H128):

\_\_\_\_\_

**Client Signature** \_\_\_\_\_ Date DD / MM / YYYY  
*(sign if veterinary is not required)*

**THIRD PARTY VERIFIED TESTING**

The following section only needs to be completed if the breed registry requests that the identity of the horse is confirmed by a veterinarian in order to recognize the test results.

*By signing below,*

*I certify that I have verified the identity (by microchip or tattoo) of the horse described on this form and conducted the sampling.*

**Veterinary's Signature** \_\_\_\_\_  
Date DD / MM / YYYY

Official Stamp
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# HORSE HEREDITARY DISEASE TEST

## HORSE HAIR SAMPLE COLLECTION FORM

PERSONAL CASE REFERENCE NUMBER

### INSTRUCTIONS:

- Pull 30 to 40 hairs from the horse's mane or tail. The **follicle (hair root) must be attached. Do not cut the hair.**
- Tape the hair in the box below, making sure that the **sticky tape does not touch the hair roots.**
- Place this form with the **horse hair sample into a plastic zip-top bag.** Each sample must be in its own plastic bag.



Example of plucked horse hair.  
The roots are white spots at  
the ends of the hair.

Horse hair taped to sample  
collection form inside a plastic  
zip-top bag ready for shipping.



# TAPE HORSE'S HAIR HERE

### DETAILS OF SAMPLE

Name of Horse: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Date of Sample Collection: \_\_\_\_\_ DD / MM / YYYY