



Veterinary Genetics Laboratory

(530) 752-2211

**KARYOTYPING SUBMISSION FORM**

**Veterinary Genetics Laboratory**

University of California, Davis  
 Old Davis Road (for overnight deliveries via FedEx or UPS)  
 Davis, CA 95616

FAX (530) 752-3556

http://www.vgl.ucdavis.edu/

Copy as needed

(PLEASE PRINT LEGIBLY OR TYPE)

Owner/Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

FAX (include area code): \_\_\_\_\_

E-mail address for results: \_\_\_\_\_

**Choose specie of animal being tested:**

Cattle

Dog

Equine

Other \_\_\_\_\_

Results will **EITHER** be (1) mailed and e-mailed; **OR** (2) mailed and faxed to address provided above.

I hereby certify that the animal described below by name and number is the animal from which the sample was taken.

Person taking sample:

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date sample taken

ANIMAL SAMPLED					PARENTS OF ANIMAL SAMPLED			
Registered Name of Animal <small>Only one animal per form</small>	Registration #	Date of Birth	Sex	Color	Sire and Dam	Name of Animal	Color	Registration #
					<b>S</b>			
					<b>D</b>			

**Instructions:**

1. Sample requirement: Blood in a Sodium Heparin tube.(8-10cc for large animal/2-3cc for small animal)
2. Blood samples should be taken from the animal and sent to the laboratory within 48 hours. Both **time and temperature are critical factors** in the shipping process.
3. **DO NOT FREEZE OR REFRIGERATE** samples at any time.
4. Plan to avoid sending samples before a holiday when the laboratory will be closed. If you have any questions about the sampling schedule, please telephone the laboratory.
5. Include a check payable to UC Regents in the amount of **\$100** by check or pay by American Express, Discover, Visa or MasterCard by filling out the attached form.
6. Label each tube with the same identification (name or number) used on the identification form being sent with the sample.
7. It is important to avoid contamination of blood samples – do not open blood tubes.
8. Carefully wrap and package the tubes and send by Federal Express or UPS overnight to the address listed above.
9. Results will be provided as soon as available, usually within 4 weeks after the laboratory receives the samples.
10. 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 upper left hand corner.

Original records will be maintained on permanent file at UC Davis, Veterinary Genetics Laboratory

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: _____	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: \_\_\_\_\_