

APPLICATION FOR DNA &/OR GENETIC TESTING KIT (EGRC Scone NSW)

1. **\$75.00** - DNA typing single test only **OR \$65.00** each - if **3 or more** DNA tests ordered at the same time.
2. **\$70.00** - DNA typing for **GELDINGS ONLY**.
3. **\$50.00** - Single (1) Genetic test.
4. **\$70.00** - Two (2) Genetic tests.
5. **\$80.00** - Three (3) Genetic tests.
6. **\$90.00** - Four (4) Genetic tests.
7. **\$110.00** - DNA plus 1 Genetic test.
8. **\$120.00** - DNA plus 2 Genetic tests.
9. **\$125.00** - DNA plus 3 Genetic tests.
10. **\$135.00** - DNA plus 4 Genetic tests

Please select below which tests you require. If your horses DNA results are required by another Society, please advise. Return form with payment to the AHSA.

Genetic screening tests available include most equine colour & pattern tests i.e. Agouti, Black/Red Factor, Cream Dilution, Grey, Tobiano etc as well as many genetic disorders including 4 specific to Arabians - Lavender Foal Syndrome (LFS), Cerebellar Abiotrophy (CA), Severe Combined Immunodeficiency Disorder (SCID) & Occipitoatlantoaxial malformation (OAAM). Please contact us if the test you require is not listed.

Horses Registered Name (or proposed name):	Registration No. if available	DNA	LFS	CA	SCID	OAAM	OTHER TESTS

PUBLICATION OF GENETIC TEST RESULTS: Please indicate if your results are:

- ☐ **Confidential**
☐ **To be published on the AHSA website or**
☐ **Will advise later.**

I authorise the AHSA Ltd. to publish the results of the above tests if so indicated
(Signature)

NAME OF OWNER/LESSEE:

EMAIL ADDRESS:

TELEPHONE: (.....) MEMBERSHIP NO:

UPON RECEIPT OF PAYMENT THE AHSA WILL ISSUE A KIT FOR THE REQUIRED TESTS OR IF YOU PREFER, PLEASE ENCLOSE A MANE OR TAIL HAIR SAMPLE (30 HAIRS WITH HAIR FOLLICLE ATTACHED) IN A CLEARLY MARKED CLIP LOCK PLASTIC BAG WITH THIS FORM.

PAYMENT BY: Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>		Amount: \$.....	Tax Receipt Required: Yes / No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date:/.....
I hereby authorise the AHSA Ltd to debit the credit card noted for the amount listed. Additional fees to the value of \$25 may be debited without referral where my calculation of fees required is incorrect in order to finalise the transaction applied for.		CCV: <input type="text"/> <input type="text"/> <input type="text"/>	
Cardholders Name (Block Letters):		Cardholders Signature:	