



Use this form when submitting animal (including aquatic animal) samples for genetic testing. Completed forms and associated samples can be submitted to the laboratory at Woodbridge Road, Menangle. For assistance completing this form contact Customer Service on 1800 675 623. For current pricing refer to the veterinary test list online at: www.dpi.nsw.gov.au/aboutus/services/das/veterinary/state-veterinary-diagnostic-laboratory-price-list

Customer No: Your Reference: Quote No: (If applicable)

SUBMITTER DETAILS Please note results will be report to the submitter email address provided below

Submitter name:	Phone:
Company:	ABN:
Postal address:	Email:

OWNER DETAILS

Owner name:	Phone:
Property address:	PIC:
Postal address:	

SUBMISSION DETAILS

QTY	SAMPLE TYPE	QTY	SAMPLE TYPE	Animal type:	Species
	Blood - EDTA/LH		DNA	Breed:	Sex:
	Blood Card		Semen	No. of dead animals	No. of sick animals
	Hair		Other:	No. of animals at risk	
Sample collection date:					

TEST(S) REQUESTED Please tick appropriate box(es)

Brahman	Holstein Friesian
Pompe's Disease E7	Bovine Leucocyte Adhesion Deficiency
Pompe's Disease E13	Citrullinaemia
Congenital Myastenic Syndrome (CMS)	Factor XI Deficiency
Charolais	DUMPS
Myophosphorylase Deficiency	Multiple Breeds
Galloway	Coat colour – Recessive Red
α-Mannosidosis (622G→A)	Coat colour – Dominant Black
Limousin	Freemartinism – Male specific
Protoporphyrria	Double muscling (C313Y)
Shorthorn	Double muscling (nt821 del11)
Pompe's Disease E18	Dairy Breeds
Maple Syrup Urine Disease (MSUD) (1308→T)	A2
Poll Hereford	κ-Casein
Inherited Congenital Myoclonus (ICM)	β-lactoglobulin
Maple Syrup Urine Disease (MSUD) (1308→T)	Wagyu
Murray Grey/Angus/Square Meaters/Lowlines	Claudin 16(CL16)
α-Mannosidosis (961T→C)	Chediak Higachi Syndrome (CHS)
Salers	Factor 11 Deficiency
β-Mannosidosis	Factor 13 Deficiency
Quarter horses	Spherocytosis (B3)
Hyperkalemic periodic paralysis (HYPP)	Dorper
Arabian horses	Ovine Dermatosparaxis
Lavender Foal Syndrome	OTHER:

DECLARATION

By ticking this box, I have read and agree to the NSW DPI Laboratory Services Terms and Conditions that can be accessed at www.dpi.nsw.gov.au/labs or provided to you by contacting our Customer Service Unit.

By signing below, I declare that I am authorised to request analysis of the samples listed above.

Name: Signature: Date:

LAB USE ONLY	Sample condition:	<input type="checkbox"/> Frozen	<input type="checkbox"/> Thawed	<input type="checkbox"/> Esky return	<input type="checkbox"/> Pg 1 only	<input type="checkbox"/> No/incorrect ID's
QA	Total samples received:	SR Room (SRD_HOLD)	SR Fridge (SRD_HOLD_4)	SR Freezer (HOLD-20)		
<input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> AI <input type="checkbox"/> E <input type="checkbox"/> Other: <input type="checkbox"/> NOTIFIABLE <input type="checkbox"/> A. WELFARE <input type="checkbox"/> ACCREDITATION <input type="checkbox"/> EXOTIC <input type="checkbox"/> URGENT <input type="checkbox"/> After hours						



Key List					
Sample No.	Animal ID	Sample type	Sample No.	Animal ID	Sample type
1			47		
2			48		
3			49		
4			50		
5			51		
6			52		
7			53		
8			54		
9			55		
10			56		
11			57		
12			58		
13			59		
14			60		
15			61		
16			62		
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45			91		
46			92		