



## ICHO GENETIC PANEL SUBMISSION FORM

Please mark which test you are ordering

GENETIC PANEL

PRO PANEL (*Former Genetic Panel Plus*)

HORSE INFORMATION		
HORSE NAME:		BREED:
DOB	SEX: <input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion	HEIGHT:
COLOR:	DISCIPLINE:	
REGISTRY & REG #S:		
SIRE REG & #:	DAM REG & #:	
NOTES ON HEALTH / TRAITS / DESCRIPTION:		
HAS YOUR HORSE EVER BEEN DIAGNOSED WITH THE FOLLOWING? <input type="radio"/> West Nile Virus <input type="radio"/> Degenerative Ligament Disease <input type="radio"/> Laminitis      Osteochondritis Dessecans (OCD): <input type="radio"/> Hock <input type="radio"/> Stifle <input type="radio"/> Fetlock		

HAIR SAMPLE		
Place roots here.	Tape here.	Place the rest of the hair here. Coil if necessary.

*Wrap 30-40 mane or tail hairs around finger, and pull out with roots.*

OWNER INFORMATION		
OWNER / TRAINER NAME(S):		ADDRESS:
PHONE:	EMAIL:	
MAY WE CONTACT YOU TO DISCUSS YOUR HORSE FURTHER? <input type="radio"/> Yes <input type="radio"/> No		REFERRAL CODE:

**ICHO Office, 322 Tulie Gate Rd, Tularosa, NM 88352 USA**

I agree to allow the results to be listed on ICHO Genetic Study Webpage if my horse is free of diseases. If my horse is found to have a genetic disease, I must give permission for the results to be shared. Initial