



ICHO GENETIC PANEL SUBMISSION FORM

Please mark which test you are ordering

- KRT25 & SP6 ONLY
 Genetic Panel
 Genetic Panel Plus

HORSE INFORMATION			
HORSE NAME:	<input type="text"/>	BREED:	<input type="text"/>
DOB / AGE (BEST ESTIMATE):	<input type="text"/>	SEX: <input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion	HEIGHT: <input type="text"/>
COLOR:	<input type="text"/>	DISCIPLINE:	<input type="text"/>
REGISTRY & REG #S:	<input type="text"/>		
SIRE REG & #:	<input type="text"/>	DAM REG & #:	<input type="text"/>
NOTES ON HEALTH / TRAITS / DESCRIPTION: <input type="text"/>			
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):	<input type="text"/>	ADDRESS:	<input type="text"/>
PHONE:	<input type="text"/>	EMAIL:	<input type="text"/>
MAY WE CONTACT YOU TO DISCUSS YOUR HORSE FURTHER? <input type="radio"/> Yes <input type="radio"/> No			REFERRAL CODE: <input type="text"/>

**Send form and hair sample to:
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