



Mail samples to:
Genetic Testing at Gluck
108 Gluck Equine Research Center
University of Kentucky
Lexington, KY 40546-0099 USA

Contact info:
Dr. Kathy Graves
(859) 218-1165
Fax: (859) 257-8542
e-mail: ktgraves@uky.edu

Genetic Color Testing Submission Form

Name: _____

Address: _____

Phone Number (day): (____) _____ Email: _____

Samples submitted without a signed submission form will not be processed.

Signature of owner or authorized agent _____
Date

By signing, you confirm you have read and accept the University of Kentucky's Terms and Conditions (a hard copy is available on request).

Instructions for collecting DNA samples:

Tests requested: <https://getgluck.ca.uky.edu/content/instructions-collecting-dna-samples>

- | | | | | | |
|---|------|-------------------------------------|------|--|------|
| <input type="checkbox"/> Agouti | \$25 | <input type="checkbox"/> SW1 | \$25 | <input type="checkbox"/> Gray | \$25 |
| <input type="checkbox"/> Champagne | \$25 | <input type="checkbox"/> SW2 | \$25 | <input type="checkbox"/> Sabino | \$25 |
| <input type="checkbox"/> Cream Dilution | \$25 | <input type="checkbox"/> SW3 | \$25 | <input type="checkbox"/> Silver Dapple (Z) | \$25 |
| <input type="checkbox"/> E locus (Red Gene) | \$25 | <input type="checkbox"/> SW Panel : | \$60 | <input type="checkbox"/> Tobiano | \$25 |
| <input type="checkbox"/> Dun | \$25 | (all three SW mutations) | | <input type="checkbox"/> Pearl | \$25 |
| <input type="checkbox"/> Dun/Non-dun1 | \$35 | <input type="checkbox"/> W20 | \$25 | <input type="checkbox"/> PATN1 | \$25 |
| Combo | | <input type="checkbox"/> LP | \$25 | <input type="checkbox"/> LP + PATN1 | \$45 |
| <input type="checkbox"/> Roan | \$25 | | | | |

Horse's Name: _____

Breed: _____ Registry & Reg. Number if any: _____

Date of Birth: _____

Sex: _____ Color: _____

Sire Name: _____
(Optional)

Dam Name: _____
(Optional)

Please submit payment with sample. Checks payable to THE UNIVERSITY OF KENTUCKY. Samples originating outside the United States – Money Order or Credit Card only.

Visa, MasterCard: # _____ Exp. date: _____
 Discover, American Express C V V c o d e : _____

Please allow 3 weeks from the receipt of sample.