



The Arabian Horse Society of Australia Ltd.

ABN 12 001 281 590

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

1. **\$70.00** - DNA typing single test only **OR \$65.00** each - if **3 or more** DNA tests ordered at the same time.
2. **\$55.00** - DNA typing for **GELDINGS ONLY**.
3. **\$45.00** - Single (1) Genetic test.
4. **\$65.00** - Two (2) Genetic tests.
5. **\$75.00** - Three (3) Genetic tests.
6. **\$105.00** - DNA plus 1 Genetic test.
7. **\$115.00** - DNA plus 2 Genetic tests.
8. **\$120.00** - DNA plus 3 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 3 specific to Arabians - Lavender Foal Syndrome (LFS), Cerebellar Abiotrophy (CA) & Severe Combined Immunodeficiency Disorder (SCID). Please contact the AHSA to check the test you want is available if not listed.

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

Please enclose a Cheque, Money Order or complete the details below to pay by Mastercard or Visa.	
Credit Card Details—Cardholders Name:	Expiry Date:
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mastercard & Visa CCV No: <input type="text"/> <input type="text"/> <input type="text"/>
Cardholders Signature:	Amount: \$