

ESTONIAN UNIVERSITY OF LIFE SCIENCES
INSTITUTE OF VETERINARY MEDICINE AND ANIMAL SCIENCES
LABORATORY OF ANIMAL GENETICS
GENETIC EXPERTISE



OWNER:	INVOICE WILL BE PAID BY:	Sample arrived
Address:	<input type="checkbox"/> owner	
	<input type="checkbox"/> somebody else (name and address)	
Phone:		
Sampled by (name and signature):		Date of sampling:

HORSE'S DATA:

LAB. NO	Name, reg.no:		Date of birth:
			Material:
	Breed:	Sex: mare <input type="checkbox"/> stallion <input type="checkbox"/>	blood <input type="checkbox"/> hair <input type="checkbox"/> semen <input type="checkbox"/>
	Dam (name, reg.no):	Date of birth	Material:
			blood <input type="checkbox"/> hair <input type="checkbox"/>

SIRE (S)

LAB. NO	Name, reg.no:	Date of birth	Material:
	1.		blood <input type="checkbox"/> hair <input type="checkbox"/> semen <input type="checkbox"/>
	2.		blood <input type="checkbox"/> hair <input type="checkbox"/> semen <input type="checkbox"/>
Remarks/comments:			

AIM OF INVESTIGATION:	<input type="checkbox"/> genetic identification	<input type="checkbox"/> parentage verification
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THE RESULT WILL BE SENT TO:

<input type="checkbox"/> owner	<input type="checkbox"/> Somebody else (please specify and provide name and address)

DATA PRESENTED BY (name and signature):

RESULT OF INVESTIGATION

Expert:

Date:

Post address
Kreutzwaldi 1
51014 TARTU
Estonia

Visiting address
Kreutzwaldi 46
51006 TARTU
Estonia

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