



Cornell University
College of Veterinary Medicine

HERDA TEST
Section of Genetics – Department of Molecular Medicine
C4-140 Veterinary Medical Center
Cornell University
Ithaca, NY 14853-6401
(607) 253-3610 FAX (607) 253-3659

Results will **EITHER** be (1) mailed and emailed; **OR** (2) mailed and faxed to address provided below:

(PLEASE PRINT LEGIBLY OR TYPE)

Owner/Agent Name:

Address:

City:

State:

Zip:

Phone (include area code):

Fax (include area code):

Email address for results:

I hereby certify that the horse described below by name and number is the horse from which the sample was taken.

Printed name of person taking sample: _____ Date sample was taken: _____

Signature of person taking sample: _____

HORSE SAMPLED								
Registered Name of horse Only one horse per form	Registration #	Year of Birth	Breed	Sex	Color	Sire and Dam	Name of Horse	Registration #
						S		
						D		

Instructions:

- (1) Send 20-30 mane or tail hair pulled with roots attached in an envelope (Business Size Preferred).
For neonatal foals, tail hairs are preferred
- (2) Label envelope clearly with the horse's name as indicated on the paperwork or registration papers.
- (3) Include a check for \$20 per sample payable to Cornell University as a tax-deductable donation.
- (4) **Non-U.S.** checks must have "U.S. dollars" or "USD" imprinted **by the bank**.
- (5) Samples from foreign countries **MUST** be accompanied by a current USDA import permit, and we will accept only whole blood collected in EDTA.
- (6) Send package first class mail or via any two-day or next-day service to address shown above.

Results:

- (1) **One** copy of the results will be mailed to the address in the upper left hand corner.
- (2) Results will also be emailed or faxed if information is provided above.
- (3) All results are **confidential**, and results will only be released to person listed in left hand corner.

Office Use Only

Check #: _____

Amount: _____

Date: _____