



**SHEEP SCRAPIE SUSCEPTIBILITY TEST SUBMISSION FORM**

**Veterinary Genetics Laboratory**

One Shields Avenue (for regular U.S. Postal Service mail)  
 Old Davis Road (for overnight deliveries via FedEx, UPS, DHL or similar carrier)  
 University of California, Davis, CA 95616-8744  
 (530) 752-2211 FAX (530) 752-3556 http://www.vgl.ucdavis.edu/

(Copy as needed)

(PLEASE PRINT LEGIBLY OR TYPE)

Owner/Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Phone number (include area code): \_\_\_\_\_  
 FAX number (include area code): \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Phone number (include area code): \_\_\_\_\_  
 FAX number (include area code): \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Results Mailed To (check one):  Owner  Veterinarian  
 Preferred Reporting Method:  Mail  Fax  E-mail

Codons Tested
136, 141, 154, 171
<b>\$15 per animal</b>

Date Sample Taken: \_\_\_\_\_  
 Signature of Person Taking Sample: \_\_\_\_\_

**Sample Information**

Flock Animal ID	Scrapie Tag #	Breed	Sex
-1			
-2			
-3			
-4			
-5			
-6			
-7			
-8			
-9			
-10			
-11			
-12			

Flock Animal ID	Scrapie Tag #	Breed	Sex
-13			
-14			
-15			
-16			
-17			
-18			
-19			
-20			
-21			
-22			
-23			
-24			
-25			

**Instructions:**

- Label 5-8 cc EDTA (purple top) blood tube with animal's name, tag or registration number. Use a new sterile needle for each animal to prevent contamination. Immediately after drawing blood, invert blood tube 4-5 times to ensure proper mixing with the anticoagulant.
- Wrap blood samples in paper towels or newspaper, place in zip-lock plastic bag and enclose them in a hard sided, insulated box. Cushion blood samples with stuffing to prevent breakage.
- Fill out the VGL test submission form with all requested information and enclose with samples. Please make your check payable to **UC REGENTS** and enclose it with the samples. American Express, Discover, MasterCard or VISA can be used for payment by completing the Credit Card Authorization Form. Samples will not be tested without payment.
- Send package first class mail or via any two-day or next-day service to address shown above.

**Results:**

- One copy of the results will be mailed to address in the upper left-hand corner.
- Results will also be faxed or e-mailed if information is provided.
- All results are confidential. The Veterinary Genetics Laboratory will not provide results by phone and results will only be released to person listed in left-hand corner.

**VGL Office Use Only**

Check Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Sheep Breed Codes

BH	=	Big Horn
BW	=	Black Welsh MT
CO	=	Cotswald
CR	=	California Red
DO	=	Dorper
DR	=	Dorset
FI	=	Finn
HA	=	Hampshire
IC	=	Icelandic
JA	=	Jacob
LN	=	Lincoln
MO	=	Montadale
NC	=	Navajo-Churro
PO	=	Polypay
RA	=	Rambouillet
RO	=	Romney
SH	=	Shetland
SS	=	Shropshire
SU	=	Suffolk
TE	=	Texel

\* Additional codes will be added as breed is tested



VETERINARY GENETICS LABORATORY  
SCHOOL OF VETERINARY MEDICINE  
TELEPHONE: (530) 752-2211  
FAX: (530) 752-3556

ONE SHIELDS AVENUE  
DAVIS, CALIFORNIA 95616-8744

### Credit Card Authorization Form

VGL Office Use	
VGL Case #s:	_____
Amt. Charged:	_____
Date Charged:	_____

Credit Card Information	
Print customer name as it appears on card: _____	
Account Number: _____	Expiration Date: _____
Daytime Phone Number: _____	Card Type*: _____
Signature of Cardholder _____	
Total amount authorized to be charged: _____	

\* Accepted credit cards: American Express, Discover, MasterCard, and VISA

Client's name as it appears on sample submission form: \_\_\_\_\_