

**DNA Diagnostics**  
**Michigan State University**

**DNA Screening Test**  
**Beta - Mannosidosis Carrier Status**

Please fill out completely and send to:

Attn: Karen Friderici PhD  
Dept of Micro & Mol. Genetics  
2209 Biomedical Physical Sci. Bldg.  
Michigan State University  
East Lansing, MI 48824  
(517) 884-5347

**LAB USE ONLY**

Accession #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Check/Money Order #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Information is provided to the owner or submitting veterinarian and the **Salers Association of Canada**.

Owner: _____	Veterinarian: _____
Address: _____	Address: _____
City, Province: _____	City, Province: _____
Zip: _____ Country: <u>CANADA</u>	Zip: _____ Country: <u>CANADA</u>
Telephone: { } _____	Telephone: { } _____
If you prefer to receive your results by FAX, or e-mail please provide appropriate information. Owner's contact info. _____	If you prefer to receive your results by FAX, please provide number. Veterinarian's FAX: { } _____

**SAMPLE INFORMATION**

1. Name of Animal: \_\_\_\_\_ Reg. No.: \_\_\_\_\_ I.D. No.: \_\_\_\_\_
2. Date Sample was taken: \_\_\_\_\_
3. Birthdate: \_\_\_\_\_ Twin Birth: YES \_\_\_\_\_ NO \_\_\_\_\_
4. Sex: { } Male { } Female If Twin Birth - I.D. of Twin: \_\_\_\_\_
5. Fullblood Salers { } Purebred Salers { } Percentage 7/8 { } 3/4 { } 1/2 { }
6. \*Name of Sire: \_\_\_\_\_ \*Reg No.: \_\_\_\_\_
7. \*Name of Dam: \_\_\_\_\_ \*Reg No.: \_\_\_\_\_

\*OPTIONAL INFORMATION

**NOTE: Payment to Michigan State University must accompany samples. A separate history should be submitted for each sample. Charges for the test are \$35.00 (US currency) per whole blood sample. Semen can be tested for \$75 per sample. Sample processing cannot begin until payment is made.**