Myophosphorylase Deficiency Testing Submission Form

Breeder Name:_____

Stud Name:_____

Address:_____

_____

_____

Phone:_____Fax:_____

Email:_____

Massey Ref No.	Animal Tag Id (*on Tube*)	Animal Society Registration Number ***Please include:*** Herd Code / Year and Drop / Grade *(as per Society Herd Book)*	Sex	Test Results		
				NN Normal	NP Carrier	PP Affected
	U23	*471 03 0023P (Example)*	*M/F*			

Send to: Dr. Jenny Cahill, Equine Blood Typing and Research Centre, Drysdale Drive, Massey University, Private Bag, PALMERSTON NORTH