

Myophosphorylase Deficiency Testing Submission Form



Breeder Name: _____

Stud Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

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

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