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CA-
sample receipt:
confirmation of receipt:

Request for gene diagnosis of Cerebellar Abiotrophy (CA-test)

Identification and breed		
UELN:		name:
chipnumber:		
date of birth:		stallion <input type="checkbox"/> mare <input type="checkbox"/> gelding <input type="checkbox"/>
breed: <input type="checkbox"/> Arabian thoroughbred <input type="checkbox"/> Shagya Arabian <input type="checkbox"/> Anglo Arabian <input type="checkbox"/> Arabian <input type="checkbox"/> Arabisch-Partbred <input type="checkbox"/> cross breeding <input type="checkbox"/> different breed:		
Health status		
<input type="checkbox"/> inconspicuous		
<input type="checkbox"/> symptoms of CA <input type="checkbox"/> head tremor <input type="checkbox"/> unsteady motion <input type="checkbox"/> uncoordinated motion <input type="checkbox"/> overturn <input type="checkbox"/> run against objects/other horses		
Details about the parents, the mothers father and the CA-status Please add a copy of the Equine passport or pedigree!		
father	mother	mothers father
name	name	name
UELN	UELN	UELN
breed	breed	breed
CA-status: <input type="checkbox"/> N/N <input type="checkbox"/> CA/N	CA-status: <input type="checkbox"/> N/N <input type="checkbox"/> CA/N	CA-status: <input type="checkbox"/> N/N <input type="checkbox"/> CA/N
Address and declaration of consent of the horse owner		
I agree with the performance of a genetic CA test for the aforementioned animal and the use of the test results and samples for scientific research. Check this option if further tests are required: <input type="checkbox"/> SCID		
For members of the VZAP only:		
<input type="checkbox"/> I agree with the transfer of the test results to the VZAP.		
name:		address:
phone:		fax:
		mail:

date	signature	
Confirmation for sampling and identification of the horse(sampler/ veterinarian)		
sample: <input type="checkbox"/> hair roots <input type="checkbox"/> blood sample(EDTA) name und address of the sampler:		_____
		date
		signature