

## RMHA GENETIC COLOR TEST SUBMISSION FORM

Owner Name	Membership No		
Address			
City			
tate ZIP			
Telephone RMHA Re		stration No. (if already registered)	
Name of Horse			
INDICATE ALL TESTS REQUESTED  □ Agouti □ Champagne □ Cream □ E locus (red	gene) 🗆 Gray 🗅 :	Silver □ Dun □ Roan	
<ul> <li>Pull 30-50 hairs from the mane or tail, pull 5-10 hairs</li> <li>Make sure there are hairs with a bulb or follicle at the</li> <li>Do not use shredded hairs or hair from a brush or co</li> <li>Align the bulb ends of the pulled hairs together and thair to paper below (do not tape over the bulbs).</li> <li>Submit payment with sample (it will not be processed).</li> <li>Place this form in a standard envelope and mail to the</li> <li>Please allow at least 4 weeks from the receipt of the</li> </ul>	e end. (The bulb is womb.  trim the other end so  d without your payme  e RMHA office at th	no that the sample is 3-4 inches long. Tape nent). Fees below. e address below.	
<b>FEES</b> Handling fee (waived if color tests ordered with DNA Colors ordered per sample	parentage test)	\$5 per sample submitted \$25 per color requested	
		Additional \$75 for Non-members	
Signature	Date		
All samples submitted become the property of the RMI genetic disease testing, parentage testing, research, an		for, and not limited to, DNA testing,	
PAYMENT INFORMATION  ☐ Check payable to "RMHA" in U.S. Dollars only ☐ VISA ☐ MasterCard ☐ Discover Card #	without payment There is a 4% fee	is a 4% fee for credit card payments	
Expiration	Security Code	e	
Signature (permission to charge credit card)			
Mail completed form with payment to: RMHA / 4561 Ir	on Works Pike, Ste 1	156 / Lexington, KY 40511	
TAPE HAIR TO PAPERWORK H	IERE (DO NOT TAP	E OVER THE BULBS)	