

Dr. Carrie Finno
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Population Health and Reproduction
(530) 752-0915
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Instructions for shipping hair samples

1. Collect a minimum of 10 hair follicles and place in a paper mail envelope
 - i. Grab 10-15 hairs at base of mane near crest
 - ii. Wrap hair around finger and pull firmly to pull hair out
 - iii. Inspect for hooks or bulbs at end (these are follicles)
2. Send in a FedEx envelope via FedEx **priority overnight** at room temperature.

Instructions for shipping blood samples

1. Collect at least **10 mL** of blood in an EDTA tube (purple-top) or ACD tube (yellow-top)
2. If samples cannot be shipped immediately, they can be refrigerated for **24 hours**
3. Send in a cooler with ice packs via FedEx **priority overnight**.

NOTE: Label the shipping box "to be refrigerated upon arrival"

Instructions for shipping tissue samples

1. Collect samples and flash freeze in liquid nitrogen
2. If samples cannot be shipped immediately, store in a -80°C freezer
3. Send in a cooler with 6lbs (3kg) of dry ice via FedEx **priority overnight**.

NOTE: Label the shipping box "place in freezer upon arrival"

Upon shipping your package, notify our lab manager, Wesley Leigh, at
waleigh@ucdavis.edu & email the following:

Your name & organization

Contact information

The number and kind of samples you are submitting

The tracking number of your shipment

Ship to the following Address:

University of California - Davis

Dr. Carrie Finno / VM:PHR

1285 Veterinary Medicine Drive

Vet Med 3A, Rm #4206

Davis, CA 95616

Contact us if you have any questions or concerns!

Please ship via FedEx *** Do not ship with UPS – packages get lost! *******



Finno Laboratory
 University of California, One Shields Avenue
 Davis, CA 95616 (530) 752-0915
cjfinno@ucdavis.edu

Please print all information clearly.

Owner/Agent Information: _____					Date: _____				Thank you for your contribution. Your sample(s) will be added to our database.						
Name: _____															
Address: _____					All information specified on this form is completely confidential.										
City: _____			State: _____										Zip: _____		
Phone: _____				Email: _____											
Registered Name of Horse	Reg. #	Date of Birth	Sex (Circle)	Breed	Horse's Barn Name	Color/Markings	Healthy? (Circle)	Registered Name of Sire & Dam (no titles) If possible, please include pedigrees.							
			S				Y	Sire							
			G				N	Dam							
			M				(see below)								
Medical history and PE findings:															
Veterinarian's name and contact information?															
Neurological Assessment															

For internal use only:
Prep Date: _____
By: _____

I understand that results for individual horses will not be available.

Signature: _____ Date _____

