



**EQUINE REPRODUCTION
LABORATORY**
COLORADO STATE UNIVERSITY

Shipped Semen Evaluation Form

Stallion Information

Name: _____ Age/DOB: _____ Color: _____

Breed: _____ Registration #: _____

Owner/Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ E-mail: _____

REASON FOR EVALUATION: _____

Report Results To: _____ **Email:** _____

Authorized party(s) to release results: _____

**Please note results will NOT be provided to any other parties unless listed on this document.*

Shipped Semen Evaluation Services

Please Select the Evaluation Requested:

Cooled Semen Motility Evaluation: <input type="checkbox"/> (24hr & 48hr)	Date of sample:	\$190
Frozen Semen Motility Evaluation: <input type="checkbox"/> (0, 10 & 30min)	Date of sample:	\$190
Sperm Morphology (DIC): <input type="checkbox"/>	Date of sample:	\$ 45
Concentration (NucleoCounter): <input type="checkbox"/>	Date of sample:	\$ 40
Sperm Chromatin Structure Assay: <input type="checkbox"/>	Date of sample:	\$ 450
Plasma Membrane Integrity (Live/Dead): <input type="checkbox"/>	Date of sample:	\$ 450

Please note: CALL THE ERL FOR DETAILS ON HOW TO SEND SAMPLES. (v. 1/3/22)