



**EQUINE REPRODUCTION  
LABORATORY  
COLORADO STATE UNIVERSITY**

**Shipped Semen Evaluation Form** (v. 12/16/24)

**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.*

**PLEASE CALL FOR SAMPLE SUBMISSION INSTRUCTIONS.**

**Shipped Semen Evaluation Services**

**Please Select the Evaluation Requested:**

Fresh Semen Evaluation	Date of sample:	\$110
Cooled Semen Motility Evaluation (24hr & 48hr)	Date of sample:	\$200
Frozen Semen Motility Evaluation (0, 10 & 30min)	Date of sample:	\$200
Sperm Morphology (DIC)	Date of sample:	\$ 90
Concentration (NucleoCounter)	Date of sample:	\$ 45
Sperm Chromatin Structure Assay	Date of sample:	\$Call
Plasma Membrane Integrity (Live/Dead)	Date of sample:	\$Call