

CANINE DNA TESTING

Individual Dog Information

Blood – Tissue – other _____

Breed _____

Registered Name _____

Call name _____

Reg# _____ Birth Date _____

Male / Female - - Intact / Neutered

Sample Submission Date: _____

Color _____

Test Being Requested (please circle)

NCL – Neuronal Ceroid Lipofuscinosis

NEWS – Neonatal Encephalopathy with Seizures

PDH – Pyruvate Dehydrogenase Phosphatase Deficiency

PFK – Phosphofructokinase Deficiency

Owner: name _____ Veterinarian _____

address _____

city-st-zip _____

phone (day) _____

phone (eve) _____

cell _____ Fax _____

e-mail _____

Report test results to (please circle): Owner Veterinarian Both

Has this dog been diagnosed as likely to be affected with the disease being tested for? Yes No

Does this dog exhibit any symptoms of the disease being tested for? Yes No

If Yes, please list observed symptoms _____

Have any relatives of this dog been diagnosed as AFFECTED with this disease? Yes No Don't Know

If Yes, what relative(s)? Sire Dam Sibling Grandparent other _____

Have any relatives of this dog been DNA-tested as a CARRIER for the disease? Yes No Don't Know

If Yes, what relative(s)? Sire Dam Sibling Grandparent other _____

Has this dog been diagnosed with, or does it show symptoms of any other disease, abnormality, or temperament issue? (Please list) _____

Previous testing done on this dog:

OFA/PennHip Y - N age at test: _____ result: _____ # _____

CERF Y - N age last tested: _____ result: _____ # _____

Thyroid Y - N age last tested: _____ result: _____

other (please list): _____

Other Comments / Questions / Concerns?

I submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____