

ORDER FOR DNA TESTING OF DOG
Research number:
 To be filled in the lab

 -
Repeat lab draw:
 Research number

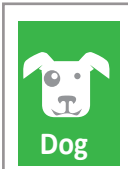
Owner / Breeder

Full name*: _____

E-mail*: _____

 Tel. number*: _____ Payment*: paid unpaid

Address*: _____

	Kennel: _____
	Name, coat color*: _____
	Breed*: _____
	Tattoo/Pedigree/Electronic chip: _____
	Birthday*: " __ " _____ 20 __ y. Sex: <input type="checkbox"/> male <input type="checkbox"/> female

RESEARCH /select the test*

- | | |
|---|--|
| <input type="checkbox"/> Collie eye anomaly test (CEA) | <input type="checkbox"/> Degenerative Myelopathy test (DM) |
| <input type="checkbox"/> Primary Lens Luxation test (PLL) | <input type="checkbox"/> Fanconi syndrome (FS) NEW |
| <input type="checkbox"/> Progressive Retinal Atrophy test (prcd-PRA) | <input type="checkbox"/> Hyperuricosuria test (HUU) |
| <input type="checkbox"/> Progressive Retinal Atrophy test (crd1-PRA) | <input type="checkbox"/> Multidrug resistance test (MDR) |
| <input type="checkbox"/> Progressive Retinal Atrophy test (crd2-PRA) | <input type="checkbox"/> Neuronal ceroid lipofuscinosis type 4A test (NCL-A) |
| <input type="checkbox"/> Von Willebrand Disease type I test (vWD type I) | <input type="checkbox"/> Phosphofructokinase Deficiency test (PFK) |
| <input type="checkbox"/> Von Willebrand Disease type II test (vWD type II) NEW | |

* Required fields

Signature: _____

Full name: _____

Date: " __ " _____ 20 ____ r.