

REQUEST FORM – DOG GENETIC TESTING **OWNER** **BREEDER** **CUSTOMER**

Name: _____

Address: _____

City, Postal code: _____ Country: _____

e-mail: _____ Phone: _____

DOG Sex: Male Female Type of sample: blood (0,5-1 ml in EDTA) buccal swab
 DNA (archived in laboratory)

Registered name: _____

Nickname: _____

Breed: _____

Date of Birth: _____

Registration No.: _____

Microchip No. / Tattoo: _____

Sample identification on the tube: _____**CHOOSE GENETIC TEST:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Ridge Gene test (ridge predisposition) <i>(133 Kb duplication, chromosome 18)</i> | <input type="checkbox"/> Malignant Hyperthermia <i>(gene RYR1)</i> | <input type="checkbox"/> Juvenile Myoclonic Epilepsy <i>(gene DIRAS1)</i> |
| <input type="checkbox"/> B-Locus (Brown) <i>(gene TRP1)</i> | <input type="checkbox"/> D-Locus (Dilution) <i>(gene MLPH)</i> | <input type="checkbox"/> Hemophilia B <i>(gene F9)</i> |
| <input type="checkbox"/> Degenerative Myelopathy <i>(gene SOD1)</i> | | |

By signing you agree with General Terms and Conditions and GDPR at www.en.genocan.eu in the section INFO**Date:**.....
Signature

-
- Dog's identity not verified
-
-
- Dog's identity verified, sample taken by veterinarian
-
- or authorised person

.....
Vet's or authorised person signature and stamp