

## REQUEST FORM - DOG GENETIC TESTING

**OWNER / BREEDER**

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 (how did you identified the sample tube):** \_\_\_\_\_

**CHOOSE GENETIC TEST**

<input type="checkbox"/> <b>Ridge disposition - number of ridge gene</b> <i>(133 Kb duplication, chromosome 18)</i> <i>Rhodesian Ridgeback</i>	<input type="checkbox"/> <b>Malignant Hyperthermia</b> <i>(c.1640T&gt;C, gene RYR1)</i> <i>all breeds</i>	<input type="checkbox"/> <b>Juvenile Myoclonic Epilepsy</b> <i>(c.564_567delAGAC, gene DIRAS1)</i> <i>Rhodesian Ridgeback</i>
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By signing you agree with General Terms and Conditions at [www.en.genocan.eu](http://www.en.genocan.eu) in the section INFO

**Date:**

.....  
**Signature of owner / breeder**

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

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

Laboratory accredited

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