

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 (how did you identified the sample tube): _____

CHOOSE GENETIC TEST

Ridge disposition - number of ridge gene
(133 Kb duplication, chromosome 18)
Rhodesian Ridgeback

Malignant Hyperthermia
(c.1640T>C, gene RYR1)
all breeds

Juvenile Myoclonic Epilepsy
(c.564_567delAGAC, gene DIRAS1)
Rhodesian Ridgeback

B-Locus (coat colour)
(c.991C>T, c.121T>A, c.1033_1035del,
gene TYRP1) Rhodesian Ridgeback

D-Locus (coat colour)
(c.-22G>A, gene MLPH)
Rhodesian Ridgeback

By signing you agree with General Terms and Conditions at 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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