

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): _____

GENETIC TEST

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

By signing you agree with General Terms and Conditions 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

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Vet's or authorised person signature and stamp