

DNA TEST-FORM FOR ALASKAN MALAMUTE POLYNEUROPATHY

Fill out this form and send it together with the samples (cheek swabs or EDTA stabilized blood) to:

Merete Fredholm
Faculty of Health and Medical Sciences
Department of Veterinary Clinical and Animal sciences
Groennegaardsvej 3
DK-1870 Frederiksberg C
Denmark

OWNER INFORMATION:

Name: _____
Address: _____
Country: _____
Email(required): _____ Phone number(required): _____

Payment Information: Your email address and phone number/physical address will be used to send you an invoice. The invoice must be paid before your samples are analyzed, so please make sure this info is correct.

Dogs submitted:

1. Call(Pet) name: _____ ID(Microchip/Tattoo): _____
Reg Name: _____
Reg no: _____ Reg in country: _____ Sex(M/F):__ DOB(mm.dd.yy): _____

2. Call(Pet) name: _____ ID(Microchip/Tattoo): _____
Reg Name: _____
Reg no: _____ Reg in country: _____ Sex(M/F):__ DOB(mm.dd.yy): _____

3. Call(Pet) name: _____ ID(Microchip/Tattoo): _____
Reg Name: _____
Reg no: _____ Reg in country: _____ Sex(M/F):__ DOB(mm.dd.yy): _____

If performed by a veterinarian:

I hereby declare that I have tested the dog(s) on this form by cheek swab/blood(EDTA) and confirmed the dog(s) ID while testing. I will send this form and the samples to the testing laboratory and give the owner a copy of this form.

Veterinarian(Signature/Stamp): _____ Date: _____

If performed by the owner(swabs):

I hereby declare that the sample(s) submitted for PN testing is from the dog(s) listed above.

Owner signature: _____ Date: _____

Owner consent:

I confirm that I am the owner of the dog(s) listed above, and consent to that they are tested for Alaskan Malamute Polyneuropathy.

Owner signature: _____ Date: _____