

# UMC CANINE DNA TEST REQUEST

Blood – Tissue – FTA card - other \_\_\_\_\_

Breed: **English Springer Spaniel**

Registered Name \_\_\_\_\_

Call name \_\_\_\_\_

Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_

Male / Female - - Intact / Neutered

Microchip or Tattoo: \_\_\_\_\_

Color \_\_\_\_\_

**Test Being Requested** (please circle)

**PFK** – Phosphofructokinase Deficiency

**PRA** – Progressive Retinal Atrophy

Owner: name \_\_\_\_\_ Veterinarian \_\_\_\_\_

address \_\_\_\_\_

city-st-zip \_\_\_\_\_

phone (day) \_\_\_\_\_

phone (eve) \_\_\_\_\_

cell \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

**Results are reported via email with certificate attached – please provide complete, legible email address!!**

**Report test results to** (please circle): Owner Veterinarian Both

Has this dog been diagnosed as likely to be affected with the disease being tested for? Yes No

Does this dog exhibit any symptoms of the disease being tested for? Yes No

If Yes, please list observed symptoms \_\_\_\_\_

Have any relatives of this dog been diagnosed as AFFECTED with this disease? Yes No Don't Know

If Yes, what relative(s)? Sire Dam Sibling Grandparent other \_\_\_\_\_

Have any relatives of this dog been DNA-tested as a CARRIER for the disease? Yes No Don't Know

If Yes, what relative(s)? Sire Dam Sibling Grandparent other \_\_\_\_\_

Has this dog been diagnosed with, or does it show symptoms of any other disease, abnormality, or temperament issue? (Please list) \_\_\_\_\_

## Testing Fee:

- PFK test only – fee is \$40.00 \_\_\_\_\_
- PRA test only – fee is \$40.00 \_\_\_\_\_
- Both PFK and PRA tests – fee is \$70.00 \_\_\_\_\_

## PAYMENT INFORMATION:

Check or money order payable to “University of Missouri” enclosed

OR  Charge to VISA-MasterCard-Discover Card# \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email or FAX; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_ date \_\_\_\_\_