

Canine Sample Submission Form

OWNER

Name: _____ Business Name: _____
Address: _____
City: _____ State: _____ Post Code: _____ Country: _____
Phone #: _____ E-mail: _____

DOG INFORMATION

Sample Information

Name: _____ Registration #: _____
Breed: _____
Gender: _____ Coat Color _____ Date of Birth: _____

Parents of Dog *not required*

Sire's Name: _____
Registration: _____ Breed: _____ Color: _____
Dam's Name: _____
Registration: _____ Breed: _____ Color: _____

TESTING INFORMATION

Test For Coat Color

- A Locus - A^y (Sable/Fawn)
- A Locus - A^t (Tricolor/Tan Points)
- A Locus - a (Solid Black)
- Complete A Locus Profile
- B Locus - b (Chocolate/Red)
- D Locus - d (Dilute Blue/Lilac)
- E Locus - e (Black/Yellow)
- E Locus - E^m (Mask)
- H Locus - (Harlequin)
- K Locus - K^B (Dominant Black)
- M Locus - (Merle)
- S Locus - S (Piedbald, Parti)
- Complete Color Profile
*does not include Merle or Harlequin

Test For Coat Type

- Hair Curl
- Hair Furnishings
- Hair Length
- Bobtail Gene

DNA Profile/Parentage

- ISAG DNA profile
- Parent Verification

Test For Genetic Disorders

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> ARVC | <input type="checkbox"/> HC | <input type="checkbox"/> OI |
| <input type="checkbox"/> CEA | <input type="checkbox"/> JHC | <input type="checkbox"/> PFK |
| <input type="checkbox"/> (CD) Cone Degeneration | <input type="checkbox"/> HGA | <input type="checkbox"/> PH |
| <input type="checkbox"/> CLAD | <input type="checkbox"/> HNPk | <input type="checkbox"/> PKD |
| <input type="checkbox"/> CMR1 | <input type="checkbox"/> HUU | <input type="checkbox"/> PLL |
| <input type="checkbox"/> CMR2 | <input type="checkbox"/> ICT/ICH | <input type="checkbox"/> POAG |
| <input type="checkbox"/> (CN) Gray Collie Syndrome | <input type="checkbox"/> IGS | <input type="checkbox"/> PRA-Cord1 |
| <input type="checkbox"/> CNM | <input type="checkbox"/> MD | <input type="checkbox"/> PRA-Dominant |
| <input type="checkbox"/> Cystinuria | <input type="checkbox"/> MDR1 | <input type="checkbox"/> PRA-rcd1 |
| <input type="checkbox"/> DCM | <input type="checkbox"/> MH | <input type="checkbox"/> PRA-rcd3 |
| <input type="checkbox"/> DM | <input type="checkbox"/> MLS | <input type="checkbox"/> PRA-prcd |
| <input type="checkbox"/> EIC | <input type="checkbox"/> NA | <input type="checkbox"/> TNS |
| <input type="checkbox"/> Factor VII | <input type="checkbox"/> NCCD | <input type="checkbox"/> VWDI |
| <input type="checkbox"/> Fucosidosis | <input type="checkbox"/> NCL | <input type="checkbox"/> VWDII |
| <input type="checkbox"/> GR-PRA1 | <input type="checkbox"/> NEwS | <input type="checkbox"/> VWDIII |
| <input type="checkbox"/> GR-PRA2 | <input type="checkbox"/> OA | <input type="checkbox"/> Other..... |





Genetic Disorder Panels

- | | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> Boxer | <input type="checkbox"/> Doberman | <input type="checkbox"/> Coton de Tulear | <input type="checkbox"/> Goldendoodle |
| <input type="checkbox"/> Collie | <input type="checkbox"/> Australian Shepherd | <input type="checkbox"/> French Bulldog | <input type="checkbox"/> Border Collie |
| <input type="checkbox"/> Beagle | <input type="checkbox"/> Golden Retriever | <input type="checkbox"/> English Springer Spaniel | <input type="checkbox"/> Shetland Sheepdog |
| <input type="checkbox"/> Poodle | <input type="checkbox"/> Labrador Retriever | <input type="checkbox"/> Pembroke Welsh Corgi | <input type="checkbox"/> English Bulldog |
| | | <input type="checkbox"/> Staffordshire Bull Terrier | |

Please tick this box if you wish your results to be notified directly to the Kennel Club as part of the official UK KC Health Scheme
Kennel Club UK Registration Number.....

PAYMENT INFORMATION

Payment Amount: _____ Cheque # _____ Credit / Debit Card

Test results and invoice are sent via email as PDF. Check here for a copy of results by Royal Mail **Credit Card Information**    

Print name on card:	Account #:	Exp. Date:
Signature of cardholder:	Billing zip code (postal code):	3 or 4 digit security code #: