

TEST-FORM FOR ALASKAN MALAMUTE POLYNEUROPATHY (PN)

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

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Faculty of Health and Medical Sciences
Department of Veterinary and Animal sciences
Groennegaardsvej 3, 2.floor
DK-1870 Frederiksberg C
Denmark

Owner information

Name: _____
Address: _____

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

NOTE! Phone number will only be used for registration. The result will not be send before the payment is received

Dogs submitted

1. Pet name: _____ ID (Microchip/Tatoo): _____ Reg.
name: _____
Reg. no. _____ Reg. country: _____ Sex(M/F): _____ DOB(mm.dd.yy) _____

2. Pet name: _____ ID (Microchip/Tatoo): _____
Reg. name: _____
Reg. no. _____ Reg. country: _____ Sex(M/F): _____ DOB(mm.dd.yy) _____

3. Pet name: _____ ID (Microchip/Tatoo): _____
Reg. name: _____
Reg. no. _____ Reg. 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 dogs(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: _____

Owner consent:

I hereby allow the DNA to be kept in the Biobank and used for Research.

Owner signature: _____ Date: _____

**NOTE. Results will not be sent before payment by PayPal is received.
Link for payment: <https://ivh.ku.dk/english/>**