

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

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

3. Call(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: _____

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: _____