

DNA TEST SAMPLE

Submission form for a DNA based test at the University of Cambridge for generalised PRA in Cardigan Welsh Corgis.

DKK Registered Name of Dog: _____

DKK Registration Number: _____

Identification Number (tattoo or chip): _____

Sex: _____ Date of Birth: _____ Colour: _____

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Owner's name and address (CAPITAL LETTERS):

I hereby declare that the blood sample submitted for testing is from the dog identified above. I agree that:

1. The ownership of the blood sample passes to the University of Cambridge on receipt by the university.
2. The test result will be forwarded to the DKK.
3. The DKK and the Danish Welsh Corgi Club may publish the result.

Deletion of any or all of these statements invalidates the form.

SIGNED: _____ (Owner or agent) Date: _____

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INSTRUCTIONS FOR SAMPLE COLLECTION BY VETERINARY SURGEON:

Collect 2ml blood into an EDTA or Sodium Citrate tube, and send with this completed form by post to: DNA Testing, Centre for Veterinary Science, Department of Clinical Veterinary Medicine, University of Cambridge, Maudsley Rd., Cambridge CB3 0ES.

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VETERINARY SURGEON'S CONFIRMATION:

I confirm that the blood sample enclosed has been collected from the dog mentioned above, and that the identification of the dog was made by my personal reading of the dog's identification number - tattooing number or chip - on the dog.

Veterinary surgeon's name and address (CAPITAL LETTERS):

SIGNED: _____

Veterinary surgeon Date: _____