



# PK DNA Test Submission Form

## Contact Information

Owner First Name:  Last Name:   
 Veterinarian Address:   
 Owner's Agent City:  State/Province:  Zip:  Country:   
 Home Phone:  Business Phone:  Fax:   
 E-Mail:

## Owner Information (if different from above)

First Name:  Last Name:   
 Address:   
 City:  State/Province:  Zip:  Country:   
 Phone:  Fax:  E-Mail:

## Animal Information (Call Name and Breed are required)

Official Name:  Call Name:   
 Date of Birth:  Registration #:   AKC  Other:   
 Breed:  Sex:  Male  Female  Neutered  Intact  
 Tom/Sire:  Tom/Sire Registration:   
 Queen/Dam:  Queen/Dam Registration:

## Sample Information

Date of Sample Collection:  Sample Type:  1-2 mL EDTA Blood  Two Cheek Swabs  
 Reason for Testing: (Check all that Apply)  
 General Screening  Breeding  Showing  
 Suspicious Clinical Signs  
 Relative Known to Be Affected/Carrier  
 Other (Explain Below):

Tests To Be Conducted:  PK DNA Screening Only (\$75)  
 PK DNA Screening AND Blood Typing (\$85)  
 For blood typing, sample must arrive within 3 days of collection.

Comments (use another sheet if necessary):

Ship to:  
 Dr. Urs Giger/PK  
 Veterinary Hospital - Room 4006  
 University of Pennsylvania  
 3850 Spruce Street  
 Philadelphia, PA 19104-6010  
 Phone 215-898-8894/3375  
 Fax 215-573-2162

Please label samples with the animal's call name and owner's last name. Include credit card information or a check payable to "Trustees, University of Pennsylvania/Dr. Giger". Price: \$75.00

You may copy this form if you are testing more than one dog. **All information will be kept strictly confidential.** Results are available approximately **three to four weeks** from receipt of samples and will be sent only to the person submitting the sample.

12/19/2004

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Instructions