

# UMC CANINE DNA TEST REQUEST

Blood – Tissue – other \_\_\_\_\_

Breed: **Staffordshire Bull Terrier**

Registered Name \_\_\_\_\_

Call name \_\_\_\_\_

Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_

Male / Female - - Intact / Neutered

Microchip or Tattoo: \_\_\_\_\_

Color \_\_\_\_\_

**Test Being Requested:**            **L2HGA** – L-2-Hydroxyglutaric Acidurea

Owner: name \_\_\_\_\_ Veterinarian \_\_\_\_\_

address \_\_\_\_\_

city-st-zip \_\_\_\_\_

phone (day) \_\_\_\_\_

phone (eve) \_\_\_\_\_

cell \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

**Results are reported via email with certificate attached – please provide complete, legible email address!!**

**Report test results to (please circle):**    Owner    Veterinarian    Both

Has this dog been diagnosed as likely to be affected with the disease being tested for?    Yes    No

Does this dog exhibit any symptoms of the disease being tested for?    Yes    No

If Yes, please list observed symptoms \_\_\_\_\_

Have any relatives of this dog been diagnosed as AFFECTED with this disease?    Yes    No    Don't Know

If Yes, what relative(s)?    Sire    Dam    Sibling    Grandparent    other \_\_\_\_\_

Have any relatives of this dog been DNA-tested as a CARRIER for the disease?    Yes    No    Don't Know

If Yes, what relative(s)?    Sire    Dam    Sibling    Grandparent    other \_\_\_\_\_

Has this dog been diagnosed with, or does it show symptoms of any other disease, abnormality, or temperament issue? (*Please list*) \_\_\_\_\_

Other Comments / Questions / Concerns? \_\_\_\_\_

## Testing Fee:

- L2HGA test – fee is \$40.00 \_\_\_\_\_

## Additional Charges:

- RUSH processing (results within 10 working days of arrival) – add \$40 to fee ..... \_\_\_\_\_

## Discounts:

- Sample already stored at UMC – subtract \$10.00 from fee ..... \_\_\_\_\_

TOTAL FEE enclosed ..... \_\_\_\_\_

*(Payment via check or money order, in US funds only, payable to "University of Missouri")*

I submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email or FAX; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_

date \_\_\_\_\_