Application for Additional Genetic Testing

For enquiries and return of this form please contact Animal Network on:
E askus@animalnetwork.com.au **T** 1800 822 999 **F** 03 8412 7041

Place barcode here

animal Genetic & Fertility network

Owner's Details

PLEASE PRINT IN BLOCK LETTERS

Owner/Kennel Name

Address

Suburb State Postcode

Country

Email

Telephone *Country Code* *Area Code* *Number* Mobile

Dog's Details

PLEASE PRINT IN BLOCK LETTERS

Lab ID Registration No.

Registered Name

Pet Name Male Female Puppy Adult

Breed

Additional Tests Required

- **BITSA** *Breed Identification*
- **CBP** *Clear By Parentage*
- **DNA Profiling**
- **Parentage Confirmation**
- **Coat Colour** *CCT - A,B,D,E, E^M, D, K*

Alleles Requested

- **CLAD** *Cainine Leukocyte Adhesion Deficiency*
- **CEA** *Collie Eye Anomaly/Chorodial Hyperplasia*
- **CD** *Cone Degeneration*
- **CSNB** *Congenital Stationary Night Blindness*
- **CT** *Copper Toxicosis*
- **CYN** *Cystinuria*
- **DM** *Degenerative Myelopathy*
- **EIC** *Exercise Induced Collapse*
- **FUS** *Fucosidosis*
- **FN** *Familial Nephropathy*
- **HC** *Hereditary Cataract*
- **IVM** *Ivermectin Sensitivity MDR1*
- **L2HGA** *L-2-hydroxyglutaric Aciduria*
- **LHG** *Long Hair Gene*
- **NBT** *Natural Bob Tail*
- **NE** *Neonatal Encephalopathy*
- **NCL** *Neuronal Ceroid Lipofuscinosis*
- **PFK** *Phosphofructokinase Deficiency*
- **PRA-D** *PRA - Dominant*
- **PRA-A** *PRA - Type A*
- **XL-PRA** *PRA X-linked*
- **PRCD** *Progressive Rod Cone Dystrophy*
- **CORD1** *PRA - Cone-Rod Dystrophy 1*
- **RCD1** *Rod-Cone Dystrophy 1*
- **PK** *Pyruvate Kinase Deficiency*
- **PDP** *Pyruvate Dehydrogenase Deficiency*
- **vWD1** *Von Willebrand's Disease Type I*
- **vWD2** *Von Willebrand's Disease Type II*
- **vWD3** *Von Willebrand's Disease Type III*

Parentage/Clear By Parentage (CBP) Testing

(Samples from both sire and dam must be submitted or must have been previously tested by laboratory)

Name of Sire (1)

Name of Sire (2)

Name of Dam

List Disease Code(s) for CBP

Payment Details

Payment Type Mastercard Bankcard VISA Cheque Total Payment

Card Number CCV *(Last 3 digits on back of card)* Expiry Date M M Y Y

Name On Card

I have read and understood the Terms and Conditions listed on the website (www.animalnetwork.com.au) and by signing below I hereby confirm that I am the owner of the dog being submitted for further testing.

Name

Signature Date D D M M Y Y

Additional Notes

Office Use Only

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