

Order Form Genetic Tests

ISDS Membership Number

LABOKLIN

LABORATORY FOR CLINICAL DIAGNOSTICS

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Business hours: Monday – Friday 9:30 am – 4:30 pm

THIS FORM IS ONLY VALID FOR USE BY: MEMBERS OF THE INTERNATIONAL SHEEPDOG SOCIETY (ISDS)

Veterinary Surgeon (stamp or block letters)

Only required if sample collected by a vet

Tel:
Fax:
Email:
Date: Signature:

Owner details (block letters)

Full name:
Address:
Town / City:
County:
Postcode:
Country:
Tel:
Fax:
Email:
Date: Signature:

Reporting: Result to Vet Result to Owner - Please select **ONE** reporting method: Result by fax - Result by email - Result by post

Dog 1

Registered Name: Call Name:
Breed: Sex: Male Female. Date of Birth:
Microchip No ISDS Registration KC Registration
Coat Colour: Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog 2

Registered Name: Call Name:
Breed: Sex: Male Female. Date of Birth:
Microchip No ISDS Registration KC Registration
Coat Colour: Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog Genetic Diseases

Cost Incl. VAT

<input type="checkbox"/>	Test No	Disease or Condition Name	standard	ISDS member
<input type="checkbox"/>	8910	BORDER COLLIE ISDS 4 TESTS DNA BUNDLE: CEA 1* + IGS + SN + TNS: <i>Please ensure that your vet completes the attached sample collection certificate, and please sign to confirm that you accept that results of ISDS bundle will be submitted to the ISDS:</i> Signed (owner / agent) Date:	N/A	£ 96.00
<input type="checkbox"/>	8626	Border Collie Standard 8 TESTS DNA BUNDLE: CEA 1* + GGD + IGS + MDR1 + Raine Syndrome + SN + NCL + TNS	£168.00	£151.20
<input type="checkbox"/>	8702	Border Collie 7 TESTS DNA BUNDLE: CEA 1* + GGD + IGS + MDR1 + SN + NCL / CL + TNS	£144.00	£129.60
<input type="checkbox"/>	8304	Collie Eye Anomaly (CEA) / Choroidal Hypoplasia (CH) *	£48.00	£43.20
<input type="checkbox"/>	8309D	Cobalamin Malabsorption / Imlerslund-Gräsbeck syndrome (IGS)	£48.00	£43.20
<input type="checkbox"/>	8158D	Degenerative Myelopathy / Degenerative Radiculomyelopathy) DM (Exon 2) (All Dog Breeds)	£66.00	£ 59.40
<input type="checkbox"/>	8635	Glaucoma and Goniodysgenesis (GGD) (Border Collie)	£48.00	£43.20
<input type="checkbox"/>	8032	MDR1 Gene Defect / Ivermectin Sensitivity *	£48.00	£43.20
<input type="checkbox"/>	8075	Neuronal Ceroid Lipofuscinosis (NCL)	£48.00	£43.20
<input type="checkbox"/>	8596	Sensory Neuropathy (SN) (Border Collie)	£48.00	£43.20
<input type="checkbox"/>	8143	Trapped Neutrophil Syndrome (TNS)	£48.00	£43.20

* partner lab test

Payment:

- I enclose a **cheque / Postal** order payable to **LABOKLIN (UK)** for the amount of £
- I made **bank transfer** to Laboklin UK: Barclays Sort Code: 20-82-14 Account number 93296490 IBAN: GB44BARC20821493296490 amount: £ my reference is
- I have already paid by **paypal*** the amount of £ my payment reference number is:
* Paypal payment must be made to info@laboklin.co.uk, please add 3% fees.
- I would like to pay by **credit / debit card** the amount of : £.....
- Card Holder's name: Card Number:
- Card Expiry Date: Card Security (last 3 digits on the back of the card):..... signature:

Submitting CEA to the International Sheepdog Society (ISDS):

If you wish to submit your CEA test result to the ISDS, the ISDS will accept results of CEA option 1 and CEA option 2 provided that the sample is taken by a veterinary surgeon who should also complete the ISDS sample collection form which is attached. We will submit CEA results to the ISDS only if it is ordered as part of the ISDS bundle.

Please ensure that your vet completes and sign the attached sample collection certificate

EDTA blood tubes and cheek swabs are available free of charge, please email info@laboklin.co.uk.

Any other information?:



International Sheep Dog Society

BLOOD/CHEEK SWAB SAMPLE COLLECTION CERTIFICATE

I certify that I have today collected a blood/cheek swab from the ISDS Registered Dog below, I have signed and dated the Laboratory Submission Form, and I have posted the sample to the Laboratory.*

Veterinary Surgeon – Name & Address:

Vet - Print Name

Vet – Signature

Date

Dog Name

Dog Registration No.

Microchip Number.

Date of Birth.

Owned by

Name

Address

.....

Signed

Date

PLEASE DO NOT SEND THIS FORM TO THE LABORATORY. RETAIN AND RETURN TO THE ISDS OFFICE WITH THE RESULT AND DOG REGISTRATION CERTIFICATE.

**Delete as appropriate*