

# Order Form

## Genetic Tests

# LABOKLIN

LABORATORY FOR CLINICAL DIAGNOSTICS

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 info@laboklin.co.uk - www.laboklin.co.uk

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

**THIS FORM IS ONLY VALID FOR USE BY: MEMBERS OF THE AUSTRALIAN NATIONAL KENNEL COUNCIL (ANKC)**

**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: **Rottweiler** Sex:  Male  Female. Date of Birth: .....  
 Microchip No ..... KC Registration ..... Coat Colour: .....  
 Sample:  EDTA Blood  Buccal swabs - Sample Date: ..... Sample label .....

### Dog 2

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

### Dog 3

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

### Canine Genetic Tests

<input checked="" type="checkbox"/>	Test No	Disease or Condition Name	Cost
<input type="checkbox"/>	8271	Juvenile Laryngeal Paralysis & Polyneuropathy (JLPP) <b>Kennel Club DNA testing scheme i</b>	£ 42.00
<input type="checkbox"/>	8283	Leukoencephalomyelopathy (LEMP)	£ 42.00
<input type="checkbox"/>	8308	Neuroaxonal Dystrophy (NAD)	£ 42.00
<input type="checkbox"/>	8648	<b>Rottweiler DNA bundle</b> (Degenerative Myelopathy DM (Exon 2) + Coat Length I + Juvenile Laryngeal Paralysis & Polyneuropathy (JLPP) + Leukoencephalomyelopathy (LEMP) + X-linked Myotubular Myopathy (XLMTM)) <b>JLPP is part of the official UK KC DNA testing scheme</b>	£ 140.00
<input type="checkbox"/>	8158D	<b>Degenerative Myelopathy / Degenerative Radiculomyelopathy) DM (Exon 2)</b> (All Dog Breeds )	£ 58.00
<input type="checkbox"/>	8305	<b>X-linked Myotubular Myopathy (XLMTM)</b>	£ 42.00
<input type="checkbox"/>	8006	<b>DNA Profile</b> (Genetic Fingerprint) ISAG standard 2006	£ 42.00

### 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: GB53 BUKB 20821493296490 BIC: BUKBGB22 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: .....

\* statement: I confirm that I am member of the Australian National Kennel Council (ANKC) and my membership number is: .....  
 Attached please find a copy of my membership card

Signed ..... (owner / agent) Date: .....

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