

UMC CANINE DNA TEST REQUEST

Blood – Tissue – other _____

Breed: **Basenji**

Registered Name _____

Call name _____

Reg# _____ Birth Date _____

Male / Female - - Intact / Neutered

Microchip or Tattoo: _____

Phenome Project ID _____

Test Being Requested :

Fanconi – Fanconi Syndrome test

Owner: name _____ Veterinarian _____

address _____

city-st-zip _____

phone (day) _____

phone (eve) _____

cell _____ Fax _____

e-mail _____

Report test results to (please circle): Owner Veterinarian OFA

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) _____

Testing Fee:

- Fanconi test – fee is \$65.00 (includes listing with OFA) _____

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 _____