

Lupoid Dermatitis Linked Marker DNA Test Submission Form

Owner Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Daytime Phone: _____ E-mail: _____

Co-Owners' Names: _____

Send Additional Report To: Unsigned, advance report sent by e-mail to: Veterinarian Owner

Veterinarian Information (Provide if an unsigned report is to be sent to your veterinarian, by e-mail only)

First Name: _____ Last Name: _____

Clinic Name: _____ E-Mail: _____

Dog Information

Registered Name: _____

Call Name: _____ Registration #: _____ AKC Other: _____

Birthdate (mm/dd/yy): _____ Sex: Male Female Tattoo/Chip#: _____

Sire's Reg. Name _____ Sire's Registration #: _____

Dam's Reg. Name _____ Dam' Registration #: _____

Sample Information

Date of Sample Collection(mm/dd/yy): _____ (Check one) Blood (purple top tube) OR Cheek brushes

Reason for Testing: General Screening Breeding Has skin disease/is affected

(Check all that Apply) Relative Known to Be Affected/Give Relationship _____

Other _____

Authorization

To the best of my knowledge, the information I have supplied is accurate. I understand that the sample I have submitted may be used for further research to develop additional genetic tests for lupoid dermatosis or other inherited diseases in dogs.

Owner's Signature: _____ Date (mm/dd/yy): _____

Payment Information

Please submit \$75 US dollars for each sample submitted, and check your payment method.

FOR OFFICIAL USE ONLY
Transaction Date

Check or Money Order (US only) to: Trustees of the University of Pennsylvania (write "Lupoid test" in memo line)

VISA MasterCard Credit Card Number: _____ Exp. Date _____

Signature: _____ Name on Card: _____

The "Lupoid Dermatitis" Linked Marker DNA Test Submission Form" is for submitting a sample for DNA testing to the University of Pennsylvania. Feel Free to duplicate and distribute this form and instructions to others. *Last updated 12/08/2009*

