

Sampling Certificate

Join the order form and payment to the sample

Sample number

Date :

Dossier

Propriétaire

Vétérinaire

Reserved to ANTAGENE

FILL IN CAPITAL LETTERS

Cheek swab (cytobrush) : download instructions on www.antagene.com

Version of May 23 2007

ANIMAL

Species Dog Cat Other Sex Male Female unknown

Breed Colour

Call name Birth's date

Registered name
(fill the name as it appears on the pedigree) (call name and registered name will appear on genetic certificates delivered by ANTAGENE)

Affix or Prefix

Identification nu. Pedigree nu.
(tattoo or chip) (registered number / optional)

DNA Test(s) requested (to know available tests, tests codes, breeds concerned and prices, consult www.antagene.com)

DNA extracted from this sample could be used for research in canine/feline genetics

Dog/cat Genetic identification Parentage verification (if this sample corresponds to a puppy or a kitten: fill the table below)
(no parentage verification will be realized without these informations about the two parents)

Dog CNB PRA MDR1 Color CYST FN CEA (Optigen) prcd-PRA (Optigen)

Cat PKD HCM SMA GSD4

Parent's usual name	Sample number	Father	Mother
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discount code

As the owner of the animal described on this document I authorize ... I do not authorize ANTAGENE's laboratory to transmit the genetic profile of my animal and parentage verification results to the national kennel club

Owner's signature (required) :

OWNER

Name First name

Structure Mr Mme Mr/Mme

Address (1)

Address (2)

Zip code City Country

Phone Fax

Email

Results and invoice are sent to the owner

Invoice address (if different from owner's address)

Name/first name or organization

Address

Zip code City Country

VETERINARIAN

Name First name

Address (1)

Address (2)

Zip code City Country

Phone Fax

Email

Vet nu.

I certify that the sample corresponds to the animal described on this certificate
 I attest I checked by myself the tattoo or chip number reported on this certificate

Stamp (required)

Date (required)

Signature of veterinarian (required)

