

# MOLECULAR (DNA) TESTING

## Veterinarian Submission Form

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### INTERNAL USE ONLY

S  B  B  SE

Duplicate Barcode \_\_\_\_\_

R&D \_\_\_\_\_

Recollection (Lab ID) \_\_\_\_\_



Clinic Name: \_\_\_\_\_

✓Please Tick:  New Client  Existing Client

Address: \_\_\_\_\_


City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

### ANIMAL'S DETAILS

Barcode  
Sticker

 **Write or Place  
Barcode Sticker Here**  
Barcode can be found inside  
the Swab Packaging

Clinic Reference Number \_\_\_\_\_

Canine (Dog):  Feline (Cat):  Other:

Sex:  Male  Female De-sexed:  Yes  No

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Microchip No: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

### CLINICAL HISTORY

### TESTS REQUIRED + SAMPLE TYPE

- ✓Please Tick:
- |  |   |
|--|---|
| <input type="checkbox"/> Canine Breed ID   | <input type="checkbox"/> Canine or Feline Trait Screen<br>Includes coat colour, hair length & blood group |
| <input type="checkbox"/> Canine Breed ID & Wellness Plan (non-member)  | <input type="checkbox"/> Canine or Feline DNA Profile/Fingerprint   |
| <input type="checkbox"/> Canine or Feline Single Disease<br>Disease Name _____<br>Disease Code: _____<br><small>Refer to service guide for disease codes</small> | <input type="checkbox"/> Parentage Verification (3 samples)   |
| <input type="checkbox"/> Canine or Feline Mixed Breed Disease Screen (Basic)   | <input type="checkbox"/> EDTA Blood Sample  |
| <input type="checkbox"/> Extensive Canine or Feline Mixed Breed Disease Screen   | <input type="checkbox"/> Semen Sample   |
| <input type="checkbox"/> Canine or Feline Full Pure Breed Profile<br>Includes all breed specific diseases & traits and a DNA profile                             | <input type="checkbox"/> Blood Card Sample  |
|  | <input type="checkbox"/> Buccal Swab Sample   |

Veterinarian's Name: \_\_\_\_\_

Signature

Date:

