## **Order Form**

## **Genetic Tests**

## **Discount Code**

## **ANKC**



Unit 20, Wheel Forge Way, Trafford Park, Manchester M17 1EH, United Kingdom - tel 0161 282 3066 info@laboklin.co.uk - www.laboklin.co.uk

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

	Ourses details (block letters)
Veterinary Surgeon (stamp or block letters)  Only required if sample collected by a vet	Owner details (block letters)  Full name:
Only required if sumple collected by a vet	Address:
	Addi C33.
	Town / City:
	County:
	Postcode:
	Country:
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Date: Signature:	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: Se.	x: [ ] Male [ ] Female. Date of Birth:
Microchip No	
Sample: [ ] EDTA Blood [ ] Buccal swabs [ ] Hair (Horse) [ ] Blood Card - Sample Date:	
Campio (1) Esta (1) Baccar (waso (1) Hair (10100) (1) Baccar (	
Dog 2	0.1111
	Call Name:
Breed:	
Microchip No	
Sample: [ ] EDTA Blood [ ] Buccal swabs [ ] Hair (Horse) [ ] Blood Card - Sample Date:	
Registered Name: Call Name: Sex: [] Male [] Female. Date of Birth: Microchip No KC Registration Coat Colour: Sample: [] EDTA Blood [] Buccal swabs [] Hair (Horse) [] Blood Card - Sample Date: Sample label	
Dog Genetic Diseases	
✓ Test No Disease or Condition Name	Cost Incl. VAT
[ ] 8269 Hereditary Deafness [ ] 8271   Inventibal arrangeal Paralysis & Polynouropathy / II PP\ KC	£ 42.00 £ 42.00
ouverine Laryngear Fararysis & Formeuropathy (JEFF)	£ 42.00
Leukoencephalomyelopatny (LEMP)	
[ ] 8308 Neuroaxonal Dystrophy (NAD) [ ] 8648 Rottweiler DNA bundle (DM Exon 2 + LEMP KC + Coat Length	£ 42.00 £ 140.00
[ ] 8158D Degenerative Myelopathy / Degenerative Radiculomyelopathy) [	TT SEFF T NAD T ALIVITIVI)
8305 X-linked Myotubular Myopathy (XLMTM)	£ 42.00
Payment:	
<ul> <li>I enclose a <i>cheque / Postal</i> order payable to LABOKLIN (UK) for the amount of £</li></ul>	
[ ] I have already paid by <i>credit / debit card</i> the amount of £ my payment reference number is:	
Card Holder's name:	
Card Expiry Date: Card Security (last 3 digits on the back of the card): signature:	
* KC Declaration: I accept that, for UK registered dogs, results of JLPP will be sent to the Kennel Club and published as part of the Kennel Club scheme.	
Signed (owner / agent) Date:	
EDTA blood tubes and cheek swabs are available free of charge, please email info@laboklin.co.uk.  Any other information?:	
Any one information:	