



inqaba biotec™

Africa's Genomics Company



CANINE MOLECULAR TESTING REQUEST FORM

CLIENT'S DETAILS:

Client's name: _____

Address: _____

Postal code: _____

Tel/Cell: _____ E-mail: _____

ACCOUNT FOR:

Name: _____ VAT No.: _____

Address: _____

Postal code: _____

Tel/Cell: _____ E-mail: _____

PAYMENT AND RESULTS:

Preferred method of receiving results: E-mail Post

E-mail to be sent to: _____

Method of payment: Cash Electronic transfer

ANIMAL'S DETAILS:

Canine's Name: _____

Microchip No.: _____ Registration No.: _____

Breed: _____ Colour: _____

Sex: M F Date of birth: _____ YYYY/MM/DD

HEALTH CERTIFICATE DATABASES:

KUSA requires all test results of dogs registered to be included into their Health Certificate Database - inqaba biotec™ requires your consent before issuing the data.

On behalf of the LABRADOR RETRIEVER KENNEL CLUB and their Health Survey, we would like your permission to share your test statistics. NO personal details of the client/patient will be shared, ONLY the test statistic(s).

I hereby give my permission that inqaba biotec™ may send all tests results to KUSA to form part of the KUSA Health Certificate Database	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I hereby give my permission that inqaba biotec™ may send tests statistics to the LABRADOR RETRIEVER KENNEL CLUB	<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is the sender's responsibility to ensure the correctness of the information accompanying the samples. In no event shall Inqaba Biotechnical Industries (Pty) Ltd. be held liable for indirect, substantial or secondary damages of any kind. Results are usually made available within 7-14 days of receipt of samples. Please note that results are only released subject to payment.

GENETIC HEALTH TEST REQUIRED

Degenerative Myelopathy (SOD1) (Various Breeds)	<input type="checkbox"/>	SeSAME-EAST Ataxia (KCNJ10) (Belgian Shepherds)	<input type="checkbox"/>
Cystinuria (Newfoundland, Labrador retrievers)	<input type="checkbox"/>	Neuronal Ceroid Lipofuscinosis (CLN8) (English Setters)	<input type="checkbox"/>
Pyruvate Kinase Deficiency (PKLR) (Labrador Retriever, Pug, Beagle)	<input type="checkbox"/>	Neuronal Ceroid Lipofuscinosis (1TRP1) (Italian Spinone)	<input type="checkbox"/>
Centronuclear Myopathy (BIN1) (Great Dane)	<input type="checkbox"/>	Novell Cerebellar Cortical Degeneration (SNX14) (Hungarian Vizsla & Weimaraner)	<input type="checkbox"/>
Centronuclear Myopathy (PTPLA) (Labrador Retrievers & Labradoodles)	<input type="checkbox"/>	Neural Hypomyelination (FNIP2) (Weimaraner)	<input type="checkbox"/>
Hereditary Nasal Parakeratosis (SUV39H2) (Labrador Retrievers)	<input type="checkbox"/>	Spinal Dysraphism (NKX2-8) (Weimaraner)	<input type="checkbox"/>
Copper Storage Disease (ATP7B) (Labrador Retrievers & Labradoodles)	<input type="checkbox"/>	Cerebellar Ataxia (ARSG) (Bull Terrier breeds)	<input type="checkbox"/>
Exercise Induced Collapse (NEI) (Labrador Retrievers & Pembroke Welsh Corgis)	<input type="checkbox"/>	Polycystic Kidney Disease (BTPKD) (Bull Terrier Breeds)	<input type="checkbox"/>
Progressive Retinal Atrophy (PRCD) (Various Breeds)	<input type="checkbox"/>	Lethal Acrodermatitis (LAD) MKLN1 (Bull Terrier Breeds)	<input type="checkbox"/>
Progressive Retinal Atrophy (GR_PR1) (Golden Retriever)	<input type="checkbox"/>	Congenital Myotonia (CIC1) (Miniature Schnauzer, Jack Russel Terrier)	<input type="checkbox"/>
Progressive Retinal Atrophy (GR_PR2) (Golden Retriever)	<input type="checkbox"/>	Late onset Spinocerebellar Ataxia (CAPN1) (Jack Russel, Schnauzer, Australian Cattle Dog)	<input type="checkbox"/>
Progressive Retinal Atrophy (crd1) (Dachshunds; English Springer Spaniels)	<input type="checkbox"/>	Spinocerebellar Ataxia (KCNJ10) (Jack Russel Terrier and Parson Russel)	<input type="checkbox"/>
Progressive Retinal Atrophy (rcd1) (Irish Setters and Irish Red-and-White Setters)	<input type="checkbox"/>	Factor VII deficiency (FVII) (Beagle)	<input type="checkbox"/>
Progressive Retinal Atrophy (rcd3) (Corgi breeds and Chinese Crested)	<input type="checkbox"/>	Musladin Leuke Syndrome (ADAMTSL2) (Beagle)	<input type="checkbox"/>
Progressive Retinal Atrophy (cnga1) (Shetland Sheepdog)	<input type="checkbox"/>	Neonatal cerebellar cortical degeneration NCCD (SPTBN2) (Beagle)	<input type="checkbox"/>
Primary Lens Luxation (ADAMTS17) (Chinese crested, Jack Russell terrier, Mini bull terrier, Australian cattle dog)	<input type="checkbox"/>	L2-Hydroxyglutaric Aciduria (L2HGA) (Staffordshire Bull Terrier)	<input type="checkbox"/>
Canine Multifocal Retinopathy 1 (BEST1) (Mastiffs, Bullmastiffs, English/French/American Bulldog, Australian shepherds)	<input type="checkbox"/>	Heritable cataracts (HSF4) (Staffordshire Bull Terrier, Boston Terrier, French Bulldog, Australian Shepherd)	<input type="checkbox"/>
Imerlund-Gräsbeck Syndrome (IGS) (Border Collie & Beagle)	<input type="checkbox"/>	Canine Leukocyte Adhesion Deficiency (CLAD) (Irish Setters and Irish Red-and-White Setters)	<input type="checkbox"/>
Trapped Neutrophil Syndrome (TNS) (Border Collie)	<input type="checkbox"/>	Familial Nephropathy (FN) (Cocker Spaniel)	<input type="checkbox"/>
Collie Eye Anomaly (CEA) (Australian Shepherd, Border Collie, Rough and Smooth Collie, Shetland Sheepdog)	<input type="checkbox"/>	Phosphofructokinase (PFK) (English Springer Spaniels)	<input type="checkbox"/>
Goniodysgenesis & Glaucoma (OLFML3) (Border Collie)	<input type="checkbox"/>	Myoclonic Epilepsy (DIRAS1) (Rhodesian Ridgeback)	<input type="checkbox"/>
Multiple drug resistance (MDR1) (Various Breeds)	<input type="checkbox"/>	Juvenile Laryngeal Paralysis & Polyneuropathy (JLPP) (Rottweiler)	<input type="checkbox"/>
Ceroid Lipofuscinosis (CLN5) (Border collie)	<input type="checkbox"/>	Cleft Palate (DXL6) (Nova Scotia Duck Tolling Retriever)	<input type="checkbox"/>
Neuronal Ceroid Lipofuscinosis (CLN5) (Golden Retriever)	<input type="checkbox"/>	Cleft Palate (ADAMTS20) (Nova Scotia Duck Tolling Retriever)	<input type="checkbox"/>
Neuronal Ceroid Lipofuscinosis (CLN1/PPT1) (Dachshund)	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (STRN) (Boxer)	<input type="checkbox"/>
Neuronal Ceroid Lipofuscinosis (CLN2/TTP1) (Dachshund)	<input type="checkbox"/>	Dilated Cardiomyopathy (PDK4 & RBM20) (Dobermann)	<input type="checkbox"/>
Neuronal Ceroid Lipofuscinosis (CLN6) (Collie & Shepherd breeds)	<input type="checkbox"/>	von Willebrand's Disease Type I (Dobermann, Corgi, Terrier, Poodle)	<input type="checkbox"/>
Neuronal Ceroid Lipofuscinosis (CLN8) (Collie & Shepherd breeds)	<input type="checkbox"/>	von Willebrand's Disease Type III (Shetland Sheepdogs and Scottish Terriers)	<input type="checkbox"/>
Neuronal Ceroid Lipofuscinosis (CTSD) (Bulldogs)	<input type="checkbox"/>	Photoreceptor dysplasia (PDC) (Belgian Shepherd & Schnauzer)	<input type="checkbox"/>
		Haemophilia B (Factor IX) (Rhodesian Ridgeback)	<input type="checkbox"/>

GENETIC HEALTH TESTS IN DEVELOPMENT:

Primary Open Angle Glaucoma (ADAMTS10) (Beagle) - in development	<input type="checkbox"/>	Juvenile-Onset Inherited Polyneuropathy (ARHGEF10) (Leonberger & Saint Bernard) - in development	<input type="checkbox"/>
Neuroaxonal Dystrophy (NAD) PLA2G6 (Papillon) - in development	<input type="checkbox"/>	Ridgeback Dermoid Sinus (Rhodesian Ridgeback) - requesting affected samples	<input type="checkbox"/>
Leukoencephalomyelopathy LEMP (NAPEPLD) (Rottweiler) - in development	<input type="checkbox"/>		
Raine Syndrome (FAM20C) (Border Collie) - in development	<input type="checkbox"/>		
Sensory Neuropathy (FAM134B) (Border Collie) - in development	<input type="checkbox"/>		
		OTHER: _____	<input type="checkbox"/>

COLOUR TEST REQUIRED:

Colour inheritance (please select)	
A Locus (ASIP: c.244 G>T; c.248G>A; c.286C>T; SINE) <input type="checkbox"/>	E Locus (MC1R: c.799A>G; c.914C>T) <input type="checkbox"/>
B Locus (TYRP1: c.121T>A; c.991C>T; c.1033delCCT) <input type="checkbox"/>	K Locus (CBD103: delGGA) <input type="checkbox"/>
D Locus (MLPH: c.-22G>A) <input type="checkbox"/>	S Locus (MITF: c.478 C>T) <input type="checkbox"/>
Hair length (FGF5: c.284G>T) <input type="checkbox"/>	OTHER: _____ <input type="checkbox"/>

DNA PROFILE REQUIRED:

As of 1 April 2018, KUSA instituted the requirement of a DNA profile for registration and transfer of registered ownership of dogs.

PARENTAGE TESTING:

(IF PARENTAGE IS REQUIRED PLEASE COMPLETE RELATIONSHIP DETAILS)

Canine's Name	Microchip No.	Registration No.	Gender (Male/Female)	Relationship (i.e. Puppy, Bitch, Sire)

SAMPLE DECLARATION:

I confirm that the sample enclosed was obtained from the dog described above.

Name and signature of person taking the sample: _____

Name and signature of client: _____

Sample label: _____ Date samples were collected: YYYY/MM/DD

Sample type: 1 – 2 ml Whole Blood in EDTA tube FTA card

Please note that only blood samples received in EDTA tubes will be stored. No FTA cards are stored.