



ORDER FORM

for detection of hereditary diseases using DNA analysis

SUBMITTER

Name : _____ Business name: _____
Surname : _____ Registration no : _____
Address: _____ Tax id : _____
_____ Place of business: _____
_____ Phone: _____

Slovgen s.r.o. registered in Register of Companies at District court Bratislava I, in section Sro, input number 1939/B

no.	Breed/name	Submitter sample no./ Certificate of origin	No. *	Type of analysis	Result*
1		_____		DM	

2		_____		DM	

Hint: Submitter sample no. – tattoo or microchip, * do not fill – filled in by the laboratory

Genotype DM N/N – non-affected subject –NORMAL (alleles G/G)

Both alleles are G, "G" allele is not associated with DM.

Genotype DM N/A – CARRIER (alleles G/A)

Dogs that test A/G or G/G are very unlikely to develop DM. Subjects with confirmed heterozygous G/A genotype are carriers. Allele "A" can be transmitted to offspring.

Genotype DM A/A – AT RISK, AFFECTED subject (alleles A/A)

The subject is a homozygote with A/A genotype, allele A is associated with DM. Dogs that test A/A are much more likely to develop DM.

Date of sampling: _____ Payment method: _____
Date of receipt of samples: _____ # transfer, direct deposit, mail deposit.
Date of the test: _____ Results sent by: _____
Mail, email _____

Customer confirms that the information about the animal analyzed are truthful and that sampling material belongs to the alleged animal. The customer signature confirms the consent to store the submitted samples in a database and to use it for further genetic analyses for research purposes. Samples will be processed anonymously only with regard to breed and sex.

Date: _____ Customer signature: _____

No information regarding the customer as well as purpose and results of the analysis will be provided to third parties. This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the diagnosis of hereditary diseases and under no circumstances can be used as proof of identity.