



## 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				TNS	
2				TNS	

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

**Genotype TNS N/N – non-affected subject -NORMAL**

Both genes, inherited from both male and female are unaffected. That means that the subject has both alleles healthy.

**Genotype TNS N/A - CARRIER**

Subjects with confirmed heterozygous TNS N/A genotype are carriers. Gene mutation can be transmitted to offspring.

**Genotype TNS A/A – AFFECTED subject**

The subject is a homozygote with A/A genotype, which inherited the affected allele from both parents and thus is affected by the disease.

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.**