## **CANINE GENETICS TESTING - LITTER Indiana Animal Disease Diagnostic Laboratories**

## **ADDL at Purdue University**

406 S University St West Lafayette, IN 47907-2065 P: 765-494-7440 F: 765-494-9181

VETERINARIAN: (If Involved)

License #, Licensing Body \_\_\_\_\_

Address

City, State/Province, ZIP

Owner Signature, Date

## **HEEKE ADDL - SIPAC**

nimal Disease due University St	ESTING - LITTE Diagnostic Labo HEEKE ADDL - SIPA 11367 E Purdue Farm Roa Dubois, IN 47527-9666 P: 812-678-3401 F: 812-6	oratories .c	ADDL USE ONI DELIVERED: UPS FedEx DHL USPS Exp Mail Drop-Off	# PAGES:  ARRIVED: Chilled Frozen Room Temp Cold Pack Dry Ice None	CONDITION: Good Broken Jar Leaked	BAF	A
AN: (If Involved)  OWNER:					8		
		Name					
nsing Body		Address			9		
		City, State/Prov	ince, ZIP				
		Phone				П	
vince, ZIP K		Kennel Name					
Fax Addition		Additional Resu	ditional Results by:			PAID: \$	_/\$
Email Email			Fax		Order #:		
nitted will have Dr. Kari Ekenstedt with Purdue University's College of Veterinary Medicine, Basic Medical Scienc listing veterinarian. By submitting samples to the ADDL, you consent to allow Dr. Ekenstedt full access to the samples and resu							

Results: Fax Ema
All samples submitted wil Department as the listing vet which may be used in furthe
Sample Type:
☐ Cheek swab
☐ Whole blood (EDTA)
■ Dewclaw
■ Docked tails

Clinic

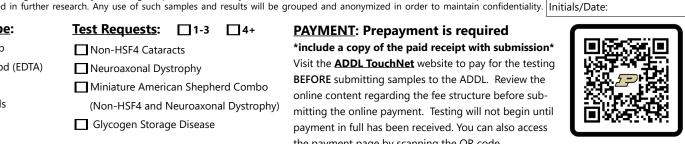
Phone

Test Requests:	<b>□</b> 1-3	<b>4</b> +			
☐ Non-HSF4 Catar	acts				
☐ Neuroaxonal Dystrophy					
☐ Miniature American Shepherd Combo					
(Non-HSF4 and Neuroaxonal Dystrophy					
☐ Glycogen Storag	ge Disease				

## **PAYMENT:** Prepayment is required

Signature & Date of

\*include a copy of the paid receipt with submission\* Visit the **ADDL TouchNet** website to pay for the testing BEFORE submitting samples to the ADDL. Review the online content regarding the fee structure before submitting the online payment. Testing will not begin until payment in full has been received. You can also access the payment page by scanning the QR code.



Sire Breed **ID** Verification  $Signature \ of a \textit{veterinary} \textit{professional} indicating \textit{animal} identification \textit{has} \textit{been} \textit{verified} \textit{with} \textit{the} \textit{animal} \textit{listed} \textit{on} \textit{this} \textit{form}.$ Dam DOR Call Name or Sex Dog **Registered Name** Registration # Microchip or Tattoo Verified Coat/Collar Color # (M/F)1 2 3 4 5 6 7 8 9 10 11 12 13 14

The owner of the animal or any agent acting with the express authorityof the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens Communications at vetwebteam@purdue.edu and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

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