## UMC CANINE DNA TEST REQUEST Breed: Staffordshire Bull Terrier Blood - Tissue -FTA card - other \_\_\_\_\_ Call name \_\_\_ Registered Name \_\_\_\_\_ Reg# Birth Date \_\_\_\_\_ Male / Female - - Intact / Neutered Microchip or Tattoo: **Test Being Requested**: **L2HGA** – L-2-Hydroxyglutaric Acidurea Owner: name Veterinarian address cty-st-zip \_\_\_ phone (day) \_\_\_\_\_ phone (eve) \_\_\_\_\_ Fax \_\_\_\_ cell Results are reported via email with certificate attached – please provide complete, legible email address!! Report test results to (please circle): Owner Veterinarian Both Has this dog been diagnosed as likely to be affected with the disease being tested for? Yes No Does this dog exhibit any symptoms of the disease being tested for? Yes No If Yes, please list observed symptoms Have any relatives of this dog been diagnosed as AFFECTED with this disease? Yes No Don't Know If Yes, what relative(s)? Sire Dam Sibling Grandparent other \_\_\_\_\_ Have any relatives of this dog been DNA-tested as a CARRIER for the disease? Yes No Don't Know If Yes, what relative(s)? Sire Dam Sibling Grandparent other Has this dog been diagnosed with, or does it show symptoms of any other disease, abnormality, or temperament issue? (Please list) Other Comments / Questions / Concerns? I submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email or FAX; and I have supplied complete and accurate information, to the best of my knowledge. Signed: Testing Fee: **PAYMENT INFORMATION:** ☐ Check or money order payable to "University of Missouri" enclosed ☐ Charge to VISA-MasterCard-Discover Card# \_\_\_\_\_ OR Cardholder name: \_\_\_\_\_ Exp Date: \_\_\_\_\_