

Sample received: _____ our reference: _____

Molecular Genetic Diagnostics

Owner: [] Mr. [] Mrs. _____

Address _____

Zip/Town: _____

Country: _____

Tel.No./fax: _____

Ruhr-University
Human Genetics
Dr. Gabriele Dekomien
Universitätsstrasse 150
D-44801 BOCHUM - Germany

gPRA gene test for Nederlandse Schapendoes (direct)

[] Dog has already been tested by the indirect marker test, reference no. PRASD

OR

[] Enclosed [] blood sample (2 x 5 ml EDTA-blood) or at least [] 3 swabs (mouthwash) of:

Name of Dog:*

Father: Mother:

Gender: [] male [] female Born: - -

Reg.Nr.: Chipno./tattoono.

Sample taken on : - - Diagnosis: [] healthy [] affected

Symptoms:

Family History:

* a completed and signed copy of this form and a photocopy of the pedigree **MUST** be enclosed

for performing a genetic test for generalised progressive retinal atrophy (gPRA). The undersigned confirm that the animal submitted for examination is the one described above. The owner's signature also means that the results may be given to the breed club and are available for official publication.

Date Owner's Signature Name in block letters

Herewith I confirm that the chip/tattoo number of the dog corresponds to the number mentioned on the pedigree document.

Date Veterinarian's Signature Name in block letters

The direct DNA analysis has detected the following genotype for the abovementioned dog:

Schapendoes [] ++ [] +- [] --
 Normal Carrier Affected

Date Prof. Dr. J.T. Epplen Dr. Gabriele Dekomien

Invoice address:
(if different from
the above mentioned