

Order Form

Genetic Tests

LABOKLIN

LABORATORY FOR CLINICAL DIAGNOSTICS

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Business hours: Monday – Friday 9:30 am – 4:30 pm

THIS FORM IS ONLY VALID FOR USE BY: MEMBERS OF THE AUSTRALIAN NATIONAL KENNEL COUNCIL (ANKC)

Veterinary Surgeon (stamp or block letters)

Only required if sample collected by a vet

Tel: _____
 Fax: _____
 Email: _____
 Date: _____ Signature: _____

Owner details (block letters)

Full name: _____
 Address: _____
 Town / City: _____
 County: _____
 Postcode: _____
 Country: _____
 Tel: _____
 Fax: _____
 Email: _____
 Date: _____ Signature: _____

Reporting: Result to Vet Result to Owner - Please select **ONE** reporting method: Result by fax - Result by email - Result by post

Dog 1

Registered Name: Call Name:
 Breed: **Rottweiler** Sex: Male Female. Date of Birth:
 Microchip No KC Registration Coat Colour:
 Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog 2

Registered Name: Call Name:
 Breed: **Rottweiler** Sex: Male Female. Date of Birth:
 Microchip No KC Registration Coat Colour:
 Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog 3

Registered Name: Call Name:
 Breed: **Rottweiler** Sex: Male Female. Date of Birth:
 Microchip No KC Registration Coat Colour:
 Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Canine DNA tests

<input checked="" type="checkbox"/>	Test No	Disease or Condition Name	
<input type="checkbox"/>	8271	Juvenile Laryngeal Paralysis & Polyneuropathy (JLPP) in Rottweiler.	£ 42.00
<input type="checkbox"/>	8006	DNA Profiling (Genetic Fingerprinting).	£ 42.00
<input type="checkbox"/>	8648	Rottweiler DNA bundle (DM2 , SLC , JLPP , MH , XL - MTM).	£ 140.00

Payment:

- I enclose a **cheque / Postal** order payable to **LABOKLIN (UK)** for the amount of £
- I made **bank transfer** to Laboklin UK: HSBC Sort Code: 40-31-30 Account number 41729624, iban: GB20HBUK40313041729624
 BIC: HBUKGB4144W Amount: £ my reference is
- I have already paid by **paypal*** the amount of £ my payment reference number is:
 * Paypal payment must be made to info@laboklin.co.uk, please add 3% fees.
- I would like to pay by **credit / debit card** the amount of : £.....
- Card Holder's name: Card Number:
 Card Expiry Date: Card Security (last 3 digits on the back of the card):..... signature:

* statement: I confirm that I am member of the Australian National Kennel Council (ANKC) and my membership number is:
 Attached please find a copy of my membership card

Signed (owner / agent) Date:

EDTA blood tubes and cheek swabs are available free of charge, please email info@laboklin.co.uk.
 Any other information?: