

## Molecular Genetic Diagnostics

**Owner:**  Mr.  Ms. \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Tip/Town:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Tel.No./fax:** \_\_\_\_\_

Ruhr-Universität  
 Humangenetik  
 Gabriele Dekomien  
 Universitätsstraße 150  
 44780 Bochum  
 Germany

### **gPRA gene test for Sloughis (*PDE6B*-Gen) or Schapendoes (indirect)**

Enclosed  blood sample (2 x 5 ml EDTA-blood) or  from mouthwash of

Name of Dog*: .....	
Breed: .....	
Born: ..... . . . . .	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Reg.No.: .....	Chipno./tattoono: .....
Diagnosis: <input type="checkbox"/> healthy <input type="checkbox"/> affected	
Symptoms: .....	
Family History: .....	
Sample taken on: ..... . . . . .	
* photocopy of the pedigree is 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
Invoice address: .....		
(If different from .....		
the above mentioned) .....		

Herewith I confirm that the chip/tattoo number of the dog corresponds to the number mentioned on the studbook.		
Date	Veterinarian's Signature	Name in block letters