

Boxer Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) Genetic Testing Submission Form

Send this form and swabs or an EDTA blood tube to:

Veterinary Cardiac Genetics Lab
NCSU CVM
1060 William Moore Drive, Room 228
Raleigh, NC 27607



Visit our website at:

<https://cvm.ncsu.edu/genetics/submit-dna-testing/>

To request swab collection kits, please visit:

<https://cvm.ncsu.edu/genetics/cheek-swab-request/>

Submitted by: Owner/Breeder

Veterinary Clinic

Please indicate what sample type you are submitting:

Submitting SWABS: Please submit 2 swabs per dog. After swabbing the dog's cheek, please return swab to package and label with the SAME name written on this form. Please **DO NOT TAPE** swabs to submission forms.

Submitting BLOOD: Provide a labeled EDTA tube with 1-3 mls of blood (double package to prevent spillage). The blood can be shipped at room temperature. The DNA is very stable and does not require refrigeration for our purposes.

Additional forms and information can be found at <https://cvm.ncsu.edu/genetics/submit-dna-testing/>

		F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC <input type="checkbox"/>		
Dog's Name (registered or call name)	ID # (optional)	Gender (please check one)	D.O.B. or age	
Owner Name		Business Name (if sample is being submitted by breeder or veterinarian)		
Address	City	State/Province	Zip Code	Country
Phone Number	Fax Number (optional)	Email Address - Results will be sent by email PLEASE PRINT CLEARLY		

Boxer ARVC genetic testing price: \$51.00 per dog

PAYMENT OPTIONS:

If paying by CREDIT CARD: Please use our university payment web site:

<https://controller.ofa.ncsu.edu/cash-services/non-student-credit-card-payments/>

Once on the website you only need to fill out the required fields:

-Payment Purpose: You **MUST** enter "Cardiac Genetics" in the Payment Purpose field*

Please include printed confirmation page with samples or provide confirmation number:

Amount: \$ _____ - Payment Confirmation #: _____

If Paying by CHECK:

Please make checks out to "NCSU Cardiac Genetics".

Checks can be stapled to the top left corner of this form and sent in with samples.

***** If you are not seeing results in your inbox, please check your spam folder *****

Optional:

Has this dog or any direct relative of this dog been diagnosed with ARVC? _____

Date of last Holter: _____ Number of Premature Ventricular Complexes (VPCs/PVCs): _____

Has this dog ever had an Indolent Corneal Ulcer? Yes / No If so, when was it diagnosed? _____