NC State College of Veterinary Medicine          Veterinary Cardiac Genetics Laboratory

Feline Hypertrophic Cardiomyopathy (HCM) Genetic Testing

Send this form with 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/

 Maine Coon Mutation  □  □ Ragdoll Mutation  □  □ Both tests

Cat’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

Price per cat for single Maine Coon or Ragdoll test: $35.00  Price per cat for MC/RD combo test: $60.00

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

Optional:
Has this cat or any direct relative of this cat ever been diagnosed with HCM? ____________________________

Date of last echo: _______  IVSd: _______  LVIDd: _______  LVIDs: _______  FS%: _______