NC State College of Veterinary Medicine | Veterinary Cardiac Genetics Laboratory

Feline Hypertrophic Cardiomyopathy (HCM) Genetic Mutation
Litter Discount Submission Form

Veterinary Cardiac Genetics Lab
NCSU CVM
1060 William Moore Drive, Room 326
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/

The litter discount applies to litters of FIVE OR MORE. Discount does NOT apply to parents or siblings from other litters. Samples from each kitten in the litter must be submitted together. NO EXCEPTIONS WILL BE MADE.

Owner Name	Business Name (if samples are 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**

☐ **Submitting cytology brushes (SWABS):** Submit 2 swabs per kitten. After swabbing, return swab to package and label with kitten's name. Nursing kitten's mouths MUST BE RINSED prior to using swabs.

☐ **Submitting BLOOD:** Provide a labeled EDTA tube with 1-3 mLs of blood (double package to prevent spillage). Kittens can be tested at any age if submitting blood.

Number of Kittens in Litter	Litter Birthdate	Name of Dam	Name of Sire

Name of Kitten	Identification Number (optional)	Sex

☐ **Maine Coon Test Litter Price: $25.00 per kitten**

☐ **Ragdoll Test Litter Price: $25.00 per kitten**

☐ **MC/RD Combo Test Price: $50.00 per kitten**

CREDIT CARD Payment Instructions:
Please use our university payment web site:
https://controller.ofa.ncsu.edu/non-student-credit-card-payments/
Please only fill out the required fields on the website.
Payment Purpose: You MUST enter "Cardiac Genetics" in the Payment Purpose field.
Please include printed confirmation page with samples or provide the following payment confirmation information after making the payment:

Number of kittens being tested at this time: _____ Amount paid: $_____

Payment Date: _____ Payment Confirmation #: _____

CHECK Payment Instructions:

Please make checks out to:

"NCSU Cardiac Genetics"

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