

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 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/>

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
Phone Number	Fax Number (optional)	Email Address - Results will be sent by email PLEASE PRINT CLEARLY	

Boxer ARVC genetic testing price: \$48.00 per dog

<p><u>CREDIT CARD Payment Instructions:</u> 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: Please enter "Cardiac Genetics" in the Payment Purpose field. Invoice Number: Please enter "Cardiac Genetics" in the Invoice Number field. Please include printed confirmation page with samples or provide the following payment receipt information after making the payment: Number of dogs being tested at this time: _____ Amount paid: \$ _____ Payment Date: _____ Receipt Number: _____</p>	<p><u>CHECK Payment Instructions:</u> 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.</p>
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*** If you are not seeing results in your inbox, please check your spam folder ***