

**Old English Sheepdog and Gordon Setter Cerebellar Ataxia (CA)  
Group Discount Individual 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/>

**Submitting cytology brushes (SWABS):** Submit 2 swabs per dog. After swabbing, return swab to package and label with dog's name. Any nursing puppy's mouth **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). Puppies can be tested at any age if submitting blood.

**Dog Information**

Breed: <input type="checkbox"/> Gordon Setter <input type="checkbox"/> Old English Sheepdog      Gender: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC Birthdate: _____ Call Name _____ Pedigree Name _____ Microchip /Tattoo # _____ AKC # _____	Samples sent: EDTA blood: <input type="checkbox"/> Cheek swabs: <input type="checkbox"/> Semen: <input type="checkbox"/>
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**To be completed by attending veterinarian or veterinary technician at time of sampling:**

I DID verify microchip/tattoo.  I DID NOT verify microchip/tattoo.  There is no microchip/tattoo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: _____
Alternate contact: _____
Address _____
City _____ State/Province _____
Zip _____ Country _____
Phone # _____ Fax # _____
E-Mail address _____

Veterinarian: _____
Clinic Name: _____
Address _____
City _____ State/Province _____
Zip _____ Country _____
Phone # _____ Fax # _____
E-Mail address _____

**CA Genetic Testing Group Discount Price: \$38.00 per dog**

**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:** 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: \_\_\_\_\_

**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.