NC State College of Veterinary Medicine | Veterinary Cardiac Genetics Laboratory

# Doberman Pinscher Dilated Cardiomyopathy (DCM) 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 puppy 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 puppy. After swabbing, return swab to package and label with puppy's name. Nursing puppies 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). Puppies can be tested at any age if submitting blood.

| Number of Puppies in Litter | Litter Birthdate | Name of Dam | Name of Sire |
|---|---|---|---|
| | | | |

| Name of Puppy | Identification Number (optional) | Sex |
|---|---|---|
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☐ **DCM1 Test Only Litter Price: $38.00 per puppy**

☐ **DCM2 Test Only Litter Price: $38.00 per puppy**

☐ **DCM1 and DCM2 Combo Test Price: $60.00 per puppy**

**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 puppies 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.