

## Doberman Pinscher Dilated Cardiomyopathy (DCM) Genetic Testing

Send this form with swabs or an EDTA blood 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/>*

NCSU Dob DCM1 (PDK4) test only     NCSU Dob DCM2 test only     DCM1 and DCM2 combo

		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    Country
Phone Number	Fax Number (optional)	Email Address - Results will be sent by email <b>PLEASE PRINT CLEARLY</b>	

Price per dog for single DCM1 or DCM2 test: **\$48.00**    Price per dog for combo DCM1 and DCM2 test: **\$70.00**  
\*price for single DCM1 or DCM2 test REGARDLESS of prior testing with NCSU or WSU\*      \*Combo price only applicable for both tests run on newly submitted sample\*

<p><b><u>CREDIT CARD Payment Instructions:</u></b>                  Please use our university payment web site:  <a href="https://controller.ofa.ncsu.edu/non-student-credit-card-payments/">https://controller.ofa.ncsu.edu/non-student-credit-card-payments/</a>  <b>Please only fill out the required fields on the website.</b>  <b>Payment Purpose:</b> Please enter <b>"Cardiac Genetics"</b> in the <b>Payment Purpose</b> field.  <b>Invoice Number:</b> Please enter <b>"Cardiac Genetics"</b> in the <b>Invoice Number</b> 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><b><u>CHECK Payment Instructions:</u></b>                   Please make checks out to:   <b><u>"NCSU Cardiac Genetics"</u></b>                   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.\*\*\*



Optional:  
 Has this dog or any direct relative of this dog been diagnosed with DCM? \_\_\_\_\_  
 Date of last Holter: \_\_\_\_\_      Number of Premature Ventricular Complexes (VPCs/PVCs): \_\_\_\_\_  
 Date of last Echo: \_\_\_\_\_      Measurements from Echo: FS%: \_\_\_\_\_ LVPWd: \_\_\_\_\_ LVPWs: \_\_\_\_\_