

## Subvalvular Aortic Stenosis (SAS) Genetic Testing in Newfoundland Dogs

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

**Newfoundland SAS genetic testing price per dog: \$48.00**

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| <p><b>CREDIT CARD Payment Instructions:</b><br/>                 Please use our university payment web site:<br/> <a href="https://controller.ofa.ncsu.edu/non-student-credit-card-payments/">https://controller.ofa.ncsu.edu/non-student-credit-card-payments/</a><br/>                 Please only fill out the required fields on the website.<br/> <b>Payment Purpose:</b> Please enter "Cardiac Genetics" in the Payment Purpose field.<br/> <b>Invoice Number:</b> Please enter "Cardiac Genetics" in the Invoice Number field.<br/>                 Please include printed confirmation page with samples or provide the following payment receipt information after making the payment:<br/>                 Number of dogs being tested at this time: _____ Amount paid: \$ _____<br/><br/>                 Payment Date: _____ Receipt Number: _____</p> | <p><b>CHECK Payment Instructions:</b><br/><br/>                 Please make checks out to:<br/> <b>"NCSU Cardiac Genetics"</b><br/><br/>                 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.\*\*\***

