

## Rhodesian Ridgeback Inherited Arrhythmia (RR IVA) 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 <b>PLEASE PRINT CLEARLY</b>	

**Rhodesian Ridgeback IVA genetic testing price per dog: \$48.00**

<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 "Cardiac Genetics" in the <u>Payment Purpose</u> field. <b>Invoice Number:</b> Please enter "Cardiac Genetics" in the <u>Invoice Number</u> 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 \*\*\***

