


# POLYCYSTIC KIDNEY DISEASE – VET FORM

 <p><b>Langford</b> VETERINARY SERVICES Diagnostic Laboratories Churchill Building Langford House Langford, Bristol BS40 5DU Tel: 0117 928 9412 Fax: 0117 928 9613 email: lvs-mail@bristol.ac.uk</p>	<p><b>LAB USE ONLY</b></p> <p>LAB No.....</p> <p>Date Received.....</p> <p>Microchip Checked .....(initials)</p>
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## Autosomal Dominant Polycystic Kidney Disease PCR Test

### Section A (to be completed by the owner, or owner's agent)

\*Owner's Name ..... \*Tel .....

\*Address .....

..... \*Post code .....

\*Cat's full registered name .....

\*Microchip ID .....

\*Registration No ..... \*Registering body .....

\*Breed ..... Colour .....

I declare that the cat presented for sampling is the cat described above, and that the particulars provided are correct. I agree that the information obtained from the screening may be used for statistical research purposes which may be published.

\*Date ..... \*Signed ..... (Owner/Agent)

### Section B (to be completed by the veterinary surgeon)

\*Veterinary Surgeon ..... Sample submitted:

\*Practice Name .....  EDTA Blood (minimum 0.5 ml)

\*Practice Address .....  OR

.....  Buccal Swab

..... Date Collected .....

..... Time Collected .....


Telephone No ..... Date Sent .....

Fax No .....

\*I confirm that the sample submitted with this form was collected by me...YES / NO (delete as applicable)

\*I have verified that the micro-chip number listed above is correct..... ..YES / NO (delete as applicable)

\*Date ..... \*Signed ..... F/MRCVS

	<p><b>For future inclusion on the FAB PKD Negative Register:</b></p> <ul style="list-style-type: none"><li>• Fields marked * must all be completed</li><li>• The sample must be labelled with the cat's microchip number</li><li>• A copy of this submission form together with the test results for the cat will be required by FAB</li></ul>
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**LVS Charges**

**Plus VAT**