

PYRUVATE KINASE DEFICIENCY – OWNER FORM



Langford
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

LAB USE ONLY

LAB No.....

Date Received.....

Autosomal Recessive Pyruvate Kinase Deficiency PCR Test

Owner's Name Tel

Address

..... Post code

Cat's full registered name

Registration No..... Registering body

Breed Colour

PLEASE SUBMIT A BUCCAL SWAB

Please note that it is important to submit a satisfactory swab. For instructions on the type of swab to use and a demonstration of how to collect a sample please see our website http://www.langfordvets.co.uk/lab_pkdsampling.htm

Date Collected

Date Sent

Please complete this section (the RCVS requests that we inform your veterinary surgeon of the result).

Veterinary Surgeon

Practice Name

Practice Address

.....

Tel No

Fax No

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 and research purposes which may be published. I understand that samples submitted in this way will not be eligible for entry onto the GCCF Active Register or FAB pyruvate kinase negative register.

Date Signed (Owner/Agent)

**FULL PAYMENT MUST ACCOMPANY THE SAMPLE: £31.73 (inc VAT) per sample
PLEASE INCLUDE A SELF-ADDRESSED ENVELOPE FOR RETURN OF RESULTS**

Please make cheques payable to Langford Veterinary Services Ltd

FELINE PYRUVATE KINASE DEFICIENCY PCR TEST RESULT