

# PYRUVATE KINASE DEFICIENCY – OWNER FORM



**Langford**  
VETERINARY SERVICES  
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## 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](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: £32.90 (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**