



inqaba biotec™



# Animal Genetics

## FELINE MOLECULAR REQUEST FORM

### CLIENT'S DETAILS:

Client's name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Tel/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ACCOUNT FOR:

Name: \_\_\_\_\_ VAT No.: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Tel/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PAYMENT AND RESULTS:

Preferred method of receiving results: E-mail  Post

E-mail to be sent to: \_\_\_\_\_

Method of payment: Cash  Electronic transfer

### FELINE'S DETAILS:

Feline's Name: \_\_\_\_\_

Microchip No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: M  F  Date of birth: \_\_\_\_\_ YYYY/MM/DD

It is the sender's responsibility to ensure the correctness of the information accompanying the samples. In no event shall Inqaba Biotechnical Industries (Pty) Ltd. be held liable for indirect, substantial or secondary damages of any kind. Results are usually made available within 7-14 days of receipt of samples. Please note that results are only released subject to payment.

**GENETIC HEALTH TEST REQUIRED:**

Progressive Retinal Atrophy (PRA_rdAc)	<input type="checkbox"/>	Progressive Retinal Atrophy (PRA_rdy)	<input type="checkbox"/>
Blood Group B	<input type="checkbox"/>	Hypertrophic Cardiomyopathy (Maine Coon)	<input type="checkbox"/>
Hypokalaemia (WNK4)	<input type="checkbox"/>	Hypertrophic Cardiomyopathy (Ragdoll)	<input type="checkbox"/>
Polycystic Kidney Disease (PKD)	<input type="checkbox"/>	Spinal Muscular Atrophy (Maine Coon)	<input type="checkbox"/>
Erythrocyte Pyruvate Kinase Deficiency (PKLR)	<input type="checkbox"/>		
OTHER: _____			<input type="checkbox"/>

**PHENOTYPIC TRAIT TEST REQUIRED**

<b>Colour/length inheritance (please select) :</b>			
Chocolate, TYRP1 (B Locus)	<input type="checkbox"/>	Dilution, MLPH (D Locus)	<input type="checkbox"/>
Cinnamon, TYRP1 (B Locus)	<input type="checkbox"/>	Amber, MC1R (E Locus)	<input type="checkbox"/>
Burmese, TYR (C Locus)	<input type="checkbox"/>	Long Hair, FGF5	<input type="checkbox"/>
Siamese Point, TYR (C Locus)	<input type="checkbox"/>	Agouti, ASIP (A Locus)	<input type="checkbox"/>

**PROFILE/PARENTAGE TESTING:****(ONLY COMPLETE IF YOU REQUIRE PARENTAGE ANALYSIS. PLEASE COMPLETE ALL RELEVANT TOM AND QUEEN DETAILS.)**

Feline's Name	Microchip No.	Registration No.	Relationship (i.e. Kitten, Queen, Stud)

**SAMPLE DECLARATION:**

I confirm that the sample enclosed was obtained from the feline described above.

Name and signature of person taking the sample: \_\_\_\_\_

Name and signature of client: \_\_\_\_\_

Sample label: \_\_\_\_\_ Date samples were collected: YYYY/MM/DD

Sample type: 1 – 2 ml Whole Blood in EDTA tube  FTA card Laboratory approved swabs