



Genetic test(s) submission form

***Mandatory fields are labelled in red**

Tube No.*

For ANTAGENE use only

Version of 12/03/2020

Mandatory sections*

1 - TEST(S) REQUESTED FOR*

- Screening
Show no symptoms
- Diagnosis
Genetic disease suspicion
- Breeding

2 - INVOICE TO*

- Owner
- Veterinarian
- If different : _____
Specify First Name & LAST NAME

3 - PAYMENT*

- Bank card
 Already paid
 Payment on receipt of the invoice
- Bank transfer
Enclose your payment receipt

4 - RESULTS DELIVERY

- Veterinarian only
- Veterinarian and owner

5 - ANIMAL DNA extracted from this sample may be used for research in genetics

Breed* Dog Cat Horse

Usual Name _____ Male* Female*

Registered Name* _____ Date of Birth

Identification No.*

6 - GENETIC TEST(S) REQUESTED List of tests available at antagene.com/en

Rates valid until 31/12/2020

- 45€^{VAT incl.} **DNA profile**
- 75€^{VAT incl.} **Genetic Disease or Trait** _____
- 90€^{VAT incl.} **PRA-prcd test** 90€^{VAT incl.} **CEA test**
- 95€^{VAT incl.} **Panel - Maine Coon** 95€^{VAT incl.} **Panel - Leonberger**
- 115€^{VAT incl.} **SH Test - Bernese Moutain Dog** (terms available at antagene.com/en)

- 10€^{VAT incl.} **Parentage verification**
- The parents' owner(s) authorize the use of the DNA profile of its animal(s) to perform this parentage verification.

PARENTS' NAMES & IDENTIFICATION NO.

DAM

SIRE

- 5€^{VAT incl.} **Paper option** : results sent to the owner by post mail

- Sample for research purposes** (no results)

Multi-tests Packs

- 105€^{VAT incl.} **2 tests Pack**
- 135€^{VAT incl.} **3 tests Pack**
- 165€^{VAT incl.} **4 tests Pack**
- +30€^{VAT incl.} for each extra test

The DNA profile test can be included in a multi-tests pack.
Panels, SH, PRA-prcd and CEA tests cannot be included in a multi-tests pack.

*partner laboratory

7 - OWNER INFORMATION

Mr Mrs First Name & LAST NAME* _____

Email* _____ Phone number* _____

Address _____

Post/Zip Code _____ Town & State _____

Country _____

Owner's signature*

I hereby certify that I am the owner of this animal and that I accept the General Sales Conditions (available online at www.antagene.com/en)

8 - VETERINARIAN The sample must be collected by a veterinarian or an authorized person for an official recognition of the test(s) results.

First name & LAST NAME* _____ Licence No.* _____

Email* _____ Phone number* _____

Address _____

As a veterinarian, I hereby certify that I collected this sample myself, that I verified the animal microchip or tatoo identification number and that I sent this sample to ANTAGENE under my responsibility. I accept the General Sales Conditions (www.antagene.com/en, section Order/Documents).

Stamp*
Mandatory to get an official recognition of the results

Date*

Veterinarian's signature*
Mandatory to get an official recognition of the results