



Factor XI Deficiency (Kerry Blue Terrier) DNA Test Submission Form

Contact Information

Owner First name: _____ Last name: _____
 Veterinarian Address: _____
 Owner's agent City: _____ State/Province: _____ Zip: _____ Country: _____
Home phone: _____ Business phone: _____ Fax: _____
Email: _____

Owner Information (if different from above)

First name: _____ Last name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

Animal Information

Official name: _____ Call name: _____
Date of birth: _____ (mm/dd/yy) Registration #: _____ AKC Other: _____
Breed: **Kerry Blue Terrier** Sex: Male Female Neutered Intact
Sire's name _____ Sire's registration #: _____
Dam's name _____ Dam' registration #: _____

Sample Information

Date of sample collection: _____ (mm/dd/yy)
Sample type: 1-2 mL EDTA blood or 2-3 cheek swabs (rotate brush inside cheek 10 times)
Reason for testing: General screening Breeding Suspicious clinical signs (bleeding tendency)
(Check all that apply) Relative known to be affected/carrier Other: _____
 Abnormal (PTT or ACT) coagulation test results (include test results)
Has this dog experienced any excessive bleeding after: nail clip? Yes or No Surgery or trauma? Yes or No
If yes to either question, please provide additional information: _____

Please label samples with the animal's call name and owner's last name. Include credit card information or a check payable to 'Trustees, University of Pennsylvania/Dr. Giger'.

Price: \$50.00 per dog (through June 30, 2006) thereafter \$75.

Note the DNA test will be free of charge for dogs showing a bleeding tendency or prolonged clotting time as long as we receive an EDTA and frozen citrated plasma sample until June 30, 2006. Questions please contact Dr. Giger.

All information will be kept strictly confidential. Results are available 3-4 weeks from receipt of samples, are kept confidentially, and will only be sent to the person submitting the sample.

Ship to:

**Dr. Urs Giger/ FXI KBT
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