



genetic technologies

Australian Canine Pedigree Assurance Program [ACPAP] Canine Genetic Analysis Test Form



PET NAME	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
DOG'S REGISTERED OR INTENDED NAME		
REGISTERED NO.	MICROCHIP OR TATTOO NO.	
BREED		
SIRE'S REGISTERED NAME	PREVIOUSLY DNA TYPED <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, MICROCHIP OR TATTOO NO.	
DAM'S REGISTERED NAME	PREVIOUSLY DNA TYPED <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, MICROCHIP OR TATTOO NO.	

COLLECTION DETAILS (Vet or authorised Collection Officer) - All vets are authorised to collect samples. For a list of authorised non-vets please contact us or visit our website.

NAME	DATE OF COLLECTION
ADDRESS	PHONE []
	FAX []

TEST[S] PLEASE TICK TEST REQUESTED

DNA TYPING	<input type="checkbox"/>	DISEASE :	CLAD <input type="checkbox"/>	Fucosidosis <input type="checkbox"/>	PRA <input type="checkbox"/>	Copper Toxicosis <input type="checkbox"/>
PARENTAGE CHECK <small>(DAM & SIRE MUST BE DNA PROFILED TO VERIFY PARENTAGE)</small>	<input type="checkbox"/>		NCL <input type="checkbox"/>	IVM-MDR1 <input type="checkbox"/>	vWD <input type="checkbox"/>	NARC <input type="checkbox"/>
ALLOCATE TO A 'BATCHING DAY' <small>(TO FIND OUT MORE PLEASE CONTACT US OR VISIT OUR WEBSITE)</small>	<input type="checkbox"/>		Cone Degeneration <input type="checkbox"/>	CEA/CH <input type="checkbox"/>	CSNB <input type="checkbox"/>	Cystinuria <input type="checkbox"/>
COLLECTION CLINIC	<input type="checkbox"/>		PFK <input type="checkbox"/>	PK <input type="checkbox"/>	OTHER:	

OWNER All results are distributed to owners, vets receive a copy of results/report. Results are not distributed to the collection officer.

NAME			
ADDRESS			
SUBURB	POSTCODE	PHONE []	MOBILE
EMAIL	WEBSITE		
DO YOU WISH TO HAVE YOUR DETAILS LISTED ON OUR WEBSITE AS A DNA CERTIFIED BREEDER? DNA CERTIFIED BREEDERS ARE PROMOTED TO POTENTIAL PUPPY BUYERS.			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS Please list any comments regarding disease status of Dam/Sire (if known), plus any multiple Sire(s).

THE RESULTS OF ALL TESTS WILL BE RECORDED AND USED FOR STATISTICAL AND ANALYTICAL PURPOSES ONLY. I **CONSENT**, **DO NOT CONSENT TO THESE DISEASE TEST RESULTS BEING PUBLISHED BY THE ANKC IN THE LIST OF TEST RESULTS BY BREED ON ITS INTERNET SITE.**

SIGNED [OWNER]:

DO YOU WISH TO HAVE YOUR DATA FROM THIS TEST PLACED ON AN OPEN REGISTER: YES NO or CLOSED REGISTER: YES NO

OPEN REGISTER - ALL RESULTS (GOOD OR BAD) ARE AUTOMATICALLY PLACED IN THE PUBLIC ARENA
CLOSED REGISTER - ALL RESULTS (GOOD OR BAD) ARE AUTOMATICALLY PLACED IN A REGISTER ACCESSIBLE BY THE OWNER.

SIGNED [OWNER]:

PAYMENT DETAILS payment must be included with sample. All vets are invoiced, any customer wanting to be invoiced must contact GTG prior to collection.

I WISH TO PAY BY CREDIT CARD	<input type="checkbox"/> BANKCARD	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NO	EXPIRY DATE		
NAME ON CARD	PLEASE DEBIT MY CARD THE AMOUNT OF \$		
SIGNATURE OF CARD HOLDER	DATE		
FOR SECURITY PURPOSES - PLEASE TURN YOUR CARD OVER AND WRITE THE LAST THREE DIGITS OF THE NUMBER ON THE SIGNATURE STRIP OF YOUR CARD			
OR I HAVE ENCLOSED MY PAYMENT WITH THIS APPLICATION	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CHEQUE	MAKE CHEQUE PAYABLE TO GENETIC TECHNOLOGIES.

ONCE FORM IS COMPLETE, FIX (STAPLE) THE FORM ONTO THE COLLECTION BAG AND FOLLOW COLLECTION INSTRUCTIONS IN BROCHURE.

Now your Dog has joined the DnAnimal Revolution™

Genetic Technologies Limited
PO Box 115, Fitzroy Victoria 3065
Ph: 03 8412 7077, Fax: 03 9416 4076
ABN 92 075 962 800

www.gtg.com.au