

**BLOOD SAMPLE CERTIFICATE FOR PRIMARY CILIARY DYSKINESIA TESTING
IN THE OLD ENGLISH SHEEPDOG**

BLOOD SAMPLE :

Only blood sample collected in EDTA tube in a sufficient amount (2ml min) will be taken into consideration for performing the genetic test. The blood tubes will be identified using the complete ID of the dog (chip or tattoo number) correctly written and readable. The blood samples have to be sent (at room temperature) together with this request form completed and signed by the veterinarian AND the dog owner with a copy of the pedigree.

ANIMAL

Species :	_____	Sex :	_____
Breed :	_____	Birth date :	_____
Nick name :	_____		
Official name :	_____		
Identification N° :	_____		

OWNER

Last Name :	_____	First name	_____
Address :	_____		
Zip code:	_____	City :	_____
Country :	_____	Telephone :	_____
E-mail :	_____		

I certify that I am the owner described in this certificate.

Signature of the dog Owner
(compulsory)

VETERINARY SURGEON

Last Name :	_____	First name:	_____
Address :	_____		
Zip code:	_____	City :	_____
Country :	_____	Telephone :	_____
E-mail :	_____		

I hereby certify that the blood sample collected is actually coming from the animal described in this certificate.
I testify that I have checked myself the tattoo or chip number reported in this certificate.

Stamp :
(compulsory)

Date :

Signature of the
Veterinary
Surgeon
(compulsory)