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Lab entry

Lab number

Great Dane

Date

Genetic testing „wrinkled skin“ disease in Great Danes

Identifikation of the dog (Please include a copy of the pedigree!)

Name/Kennel name			
Breed	Great Dane	other:	Date of birth
Sex	male	female	Tattoo no.
Registered no.			Chip no.
Symptoms?	Strongly wrinkled skin	Other signs:	

Pedigree-information

Registered no. sire		Name sire	
Registered no. dam		Name dam	

Information about the owner

Last name		First name	
Adress			
Phone		E-Mail	

HD-, ED- and OCD-results (optional)

Date of radiographs		HD-results	A	B	C	D	E	OCD-results	free	OCD
		ED-results	ED-free		ED-I		ED-II		ED-III	

Information about heart diseases (optional)

Date of investigation:	Ultrasonography: normal	DCM (ultrasonographically)	DCM (clinically)
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Request for genetic testing and informed consent (*please confirm!*)

I wish to place an order for genetic testing of the **wrinkled skin disease** mutation: **Testing (56 €)**
 Upon receipt of the EDTA blood sample, the invoice is sent as acknowledgement of receipt.
 A scientific use of the results is included by this investigation. All data will be made anonymous and thus the ID of the dog or the owner of the dog cannot be inferred. Herewith, I confirm that the EDTA blood sample of the dog can be used for scientific projects and I agree on the anonymous use of the scientific data.

Date		Signature	
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Identity/Sampling by the veterinarian

I hereby confirm that the sample enclosed has been collected from the dog described above and has been marked immediately by the dog's name and it's registered number or it's chipnumber.

Date		Signature of the veterinarian	
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