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Laboreingang am:
HJEB Schaf
Bestätigung am:

Request for genetic diagnosis of Herlitz junctional epidermolysis bullosa (HJEB) in sheep

Animal identification	
Life number: _____	Stud book number: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth: _____	
Breed: <input type="checkbox"/> Black Headed Mutton sheep (BHM) <input type="checkbox"/> BHM crossbreed <input type="checkbox"/> Other: _____	
State of health	
<input type="checkbox"/> healthy/ no peculiarities	
<input type="checkbox"/> HJEB has possibly occurred in progeny	
<input type="checkbox"/> itself shows the following symptoms: _____	

Details about parents	
Sire (Life nnumber, name): _____	
Dam (Life number, name): _____	
Address and declaration of consent of the animal owner	
With this form I order a genetic HJEB test for the animal described above. The charge is at 25,00 Euro per sample (21,00 Euro, if 8 or more individuals are shipped for HJEB analysis at the same time). I agree that the results and samples may be used for scientific purposes. If so, all data will be anonymized and no conclusion on the identity of the sheep or its owner can be drawn.	
Name, Address: _____	

Telephone: _____	FAX: _____
E-Mail: _____	
Date, Signature: _____	
Confirmation of animal identity and samples (EDTA-Blood or Semen)	
Name and Address of Sampler: _____	_____
	Date, Signature