

Sample received: _____ our reference: _____

Molecular Genetic Diagnostics

Owner: [] Mr. [] Mrs. _____

Address _____

Zip/Town: _____

Country: _____

Tel.No./fax: _____

Ruhr-University
Human Genetics
Dr. Regina Kropatsch
Universitätsstrasse 150
D-44801 BOCHUM - Germany

gPRA gene test for Irish Glen of Imaal Terrier (risk allele)

Enclosed [] blood sample (2 x 2-5 ml EDTA-blood) or [] 3 swabs (mouth wash) of:

Breed: ... Irish Glen of Imaal Terrier	Gender: [] male [] female
Name of Dog:*	
Father:	Mother:
Born: - -	Reg.Nr.: Chipno./tattoono.
Sample taken on : - -	Diagnosis: [] healthy [] affected
Symptoms:	
.....	
Family History:	
.....	
* photocopy of the pedigree is enclosed	

for performing a genetic test for generalised progressive retinal atrophy (gPRA). The undersigned confirm that the material of the animal submitted for examination is the one described above. With the owner's signature it is agreed that the results may be given to the respective breeding club(s).

Date Owner's Signature Name in block letters

Herewith I confirm that the chip/tattoo number of the dog corresponds to the number mentioned in the pedigree document.

Date Veterinarian's Signature Name in block letters

The mutation analysis revealed the following risk for gPRA for the abovementioned dog:			
Glen of Imaal Terrier []	++ []	+- []	-- []
	No risk, healthy	Healthy, but carrier of the risk allele	Affected or will develop gPRA with high probability

Date Prof. Dr. J.T. Epplen Dr. Regina Kropatsch

Invoice address: _____
(if different from _____
the abovementioned) _____