

GENETIC TEST(S) SUBMISSION FORM

*Mandatory fields are labelled in red

Tube No. *

For ANTAGENE use only

1 - TEST(S) REQUESTED FOR	2 - RESULTS	3 - INVOICE TO *	4 - PAYMENT
<input type="checkbox"/> Screening Shows no symptoms <input type="checkbox"/> Diagnosis Genetic disease suspicion <input type="checkbox"/> Breeding Before a mating <input type="checkbox"/> Research purposes only No results	<input type="checkbox"/> Veterinarian only <input type="checkbox"/> Veterinarian and owner	<input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> If different : First Name & LAST NAME	<input type="checkbox"/> Bank card <input type="checkbox"/> Already paid <input type="checkbox"/> Payment on invoice receipt <input type="checkbox"/> Bank transfer Enclose your payment receipt

5 - OWNER INFORMATION

Mr Mrs **LAST NAME*** **First Name***

Email *

Address

Post/Zip Code **Town & State**

Country **Phone Number***

Breeder's VAT number

Owner's signature*

I hereby certify that I am the owner of this animal and that I accept the current General Sales Conditions (available online at www.antagene.com)

6 - ANIMAL DNA extracted from this sample may be used for research in genetics

Breed* Dog Cat

Registered Name* Male* Female*

Usual Name **Date of birth**

Identification No.*

7 - GENETIC TEST(S) REQUESTED See the full list of tests at www.antagene.com

- 5€^{VAT incl.} Postal Mail Option** results sent to the owner by post mail Rates valid until 31/12/2022
- 45€^{VAT incl.} DNA profile only (ISAG 2006)**
- 30€^{VAT incl.} DNA profile (ISAG 2006)** in addition with another analysis, on the same animal

DOG	CAT
<input type="checkbox"/> 75€^{VAT incl.} One Genetic Disease or Trait <input type="text"/> <small>Specify the test</small> except APR-prcd, AOC, SH 120EUR SH-test <input type="checkbox"/> 168€^{VAT incl.} Genetic Check-Up Screening of the Genetic Diseases or Traits scientifically validated in the breed Professional rates are available on your customer area www.antagene.com	<input type="checkbox"/> 75€^{VAT incl.} One Genetic Disease or Trait <input type="text"/> <small>Specify the test</small> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 10px;"> Several Genetic Disease or Trait tests on the same animal : <input type="checkbox"/> 120€^{VAT incl.} 2 Tests <input type="text"/> <input type="text"/> <input type="checkbox"/> 180€^{VAT incl.} 3 Tests <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 210€^{VAT incl.} 4 Tests <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 108€^{VAT incl.} Panel - Maine Coon </div>

8 - VETERINARIAN The sample must be collected by a veterinarian or an authorized person for an official recognition of the test(s) results.

LAST NAME* **First Name*** **Licence No.***

Email* **Phone number***

Address

As a veterinarian, I hereby certify that I collected this sample myself, that I verified the animal microchip or tattoo identification number and that I sent this sample to ANTAGENE under my responsibility. I accept the current General Sales Conditions (www.antagene.com).

Stamp*
Mandatory to get an official recognition of the results

Date sampling*

Veterinarian's signature*
Mandatory to get an official recognition of the results