



CANINE CHIHUAHUA



Submission Form • Laboratory of Veterinary Genetics • DNA Analysis

DIAGNOSTIC SERVICES
www.medvet.umontreal.ca
Direct: 450-778-8151
Tel: 450-773-8521 ext. 8243
or 514-343-6111 ext. 8243
Fax: 450-778-8107

Send Samples to:
Sample Reception, CDEVQ
Diagnostic Services
Faculty of Veterinary Medicine
University of Montreal, 3220 Sicotte St.
Saint-Hyacinthe, Quebec, Canada J2S 2M2

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ANIMAL / OWNER INFORMATION	VETERINARIAN INFORMATION
Name of animal: _____ Breed: _____ Age: _____ Sex: <input type="radio"/> F <input type="radio"/> M Colour: _____ Identification: _____ Dossier No: _____ Owner Name: _____ Address: _____ _____ Tel: _____ e-mail: _____ Bill To: <input type="radio"/> Client <input type="radio"/> Veterinarian <input type="radio"/> Small Animal Hospital (CHUV)	Veterinarian: _____ Veterinary Clinic: _____ Address: _____ _____ Tel: _____ Fax: _____ e-mail: _____
SAMPLE INFORMATION	
Submission Date: _____ Sample Type submitted: Buccal Swab Sample (4X) <input type="checkbox"/> Blood (EDTA) 2 to 5 ml <input type="checkbox"/>	

DNA ANALYSES FOR CHIHUAHUA : Please check off test(s) you wish to have done.



- Macrothrombocytopenia (Congenital) (M436)
- Merle (M414)
- PRA-CRD4/Cord1 (M540)
- Spinocerebellar Ataxia (with myokymia, seizures) (M434)
- Genotype, parentage (G401)

Other : _____

Send completed submission form and samples to:
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University of Montreal, 3220 Sicotte Street, Saint-Hyacinthe, Quebec, Canada J2S 2M2

www.labgenvet.ca