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| --- | --- |
|  | **Version**  **January 2015** |

UNIVERSITEITSKLINIEK VOOR GEZELSCHAPSDIEREN

DNA analysis of:

|  |  |
| --- | --- |
|  | Von Willebrand desease (VWD)  Hereditary Necrotising Myelopathy (ENM) |

(Tick as applicable)

**DECLARATION**

Undersigned,

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Street |  | House number |  |
| Postal code |  | City |  |
| Country |  | Phone number |  |
| email |  | | |

Owner/breeder of the dog described below,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name dog |  | | Gender | m / f |
| Breed |  | | Birth date |  |
| Tattoo-chip number | |  | Pedigree number |  |

|  |  |
| --- | --- |
|  | Declares to have referred this animal to the undermentioned licenced veterinarian for blood collection with the purpose of DNA analysis, **OR**  Declares that this dog has previously been tested for VWD with number       (the number can be found in the upper right corner of the VWD result). |

(Tick as applicable)

Undersigned knows that the results of this DNA analysis, in relation with the identity of the dog can be made public (personal data will remain confidential). He/she gives permission to use this DNA data for other veterinary research.

|  |  |
| --- | --- |
|  | Signature: |

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Undersigned (name)       veterinarian in (city)      , declares to have collected several millilitres of blood at (date)       from the dog indicated above of which he/she has verified the identity based on the tattoo or chip ID number.

|  |  |
| --- | --- |
| Date: | Signature: |

Take 4 millilitres of blood in a EDTA plastic tube and mix well. In case of very small animals 1 ml of blood will be sufficient. The name of the animal, the breed and the date of blood collection has to be marked on the tube. The blood sample can be sent at room temperature by regular mail in an "airfoil" envelope. For every animal one form has to be filled in and mailed together with the blood sample.

**Adress:**

UVDL

DNA diagnostics

PO Box 85422

NL 3508 AK Utrecht

The Netherlands

**Please re-enter dog**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name dog |  | | | |
| Breed |  | | | |
| Tattoo/chip number | |  | Pedigree number |  |

Undersigned, Dr. P.A.J. Leegwater, geneticist at the Department of Companion Animals, declares that analysis of the blood sample, mailed to him and labelled as originating from the dog identified above, has shown that the DNA of the before mentioned dog.

**In relation to von Willebrand disease:**

|  |  |
| --- | --- |
|  | Does not carry the mutation.  Is homozygously affected with the mutation. The dog has most likely an increased bleeding tendency and will transmit the disease to all of his/her offspring.  Is heterozygously carrier of the mutation. The dog will most likely not have an increased bleeding tendency but may pass on the disease to it’s offspring. |

**In relation to Hereditary Necrotising Myelopathy/ ENM:**

|  |  |
| --- | --- |
|  | Does not carry the mutation.  Indicates that the dog is homozygously affected and very likely the dog will develop the disease at a young age.  Indicates that the dog is most likely heterozygously carrier of the mutation and may pass on the disease to it’s offspring. |

|  |  |
| --- | --- |
| Date: | Signature: |