



Complete a copy of this form for EACH DOG

In addition to ONE COPY of this form FOR EACH DOG, complete ONE copy of the Payment Form (Go to [Payment Form](#))

Don't forget to **label** the paper backing of each brush package (for cheek swabs) or each tube of blood (for blood samples) with the dog's name.

OFFICE USE ONLY	A
	B
	C
	D

Name (person submitting samples)	<input type="text"/>
Mailing Address	<input type="text"/>
City <input type="text"/>	State <input type="text"/>
Zip <input type="text"/>	Country <input type="text"/>
Dog's Registered Name	<input type="text"/>
Microchip Number (optional)	<input type="text"/>
Dog Breed	<input type="text"/>
Birthdate (m/d/y)	<input type="text"/>
Gender	<input type="radio"/> male <input type="radio"/> male-neutered <input type="radio"/> female <input type="radio"/> female-neutered
AKC Number	<input type="text"/>
I am requesting that the result's of my dog's genetic DCM test be made available on the WSU web site at http://www.vetmed.wsu.edu/deptsVCGL/doberman/TestResults.aspx	<input type="radio"/> only if negative for the mutation <input type="radio"/> if results are positive or negative <input type="radio"/> do not post
Signature of dog owner	<input type="text"/>
Date of Signature	<input type="text"/>

Send the labeled brushes or tubes of blood, completed information forms and payment to:

Sent via US Postal Service

Veterinary Cardiac Genetic Laboratory (VCGL)
Washington State University
Post Office Box 605
Pullman, WA 99163-0605

Sent via Federal Express or Other Carriers

Veterinary Cardiac Genetics Laboratory
Washington State University
Attn: Dr. Kathryn Meurs
100 Grimes Way
Pullman, WA 99164-7060

Email VCGL@vetmed.wsu.edu

Phone: 509-335-6038