



THE SOMALI CAT BREED ADVISORY COMMITTEE PYRUVATE KINASE DEFICIENCY TEST

SECTION A (TO BE COMPLETED BY THE OWNER OR OWNER'S AGENT)

*Owner's Name(s)..... Tel:.....

*Address.....

.....*Postcode.....

*Cat's full registered name

*Microchip ID.....

*Registration Number.....*Registering Body.....

*Breed.....*Colour.....

I declare that the cat presented for sampling is the cat described above and that the particulars provided are correct. I agree that the information obtained from the screening may be used for statistical research purposes which may be published.

Date.....*Signed.....(Owner(s) / Agent)

SECTION B (TO BE COMPLETED BY THE VETERINARY SURGEON)

*Veterinary Surgeon.....

*Practice Name..... Tel:.....

*Practice Address.....

.....*Postcode.....

Fax No Email Address.....

Sample submitted: 1 - 2 ml EDTA Blood..... OR Two Cheek (Buccal) Swabs..... *Test #.....

Date Collected..... Time Collected..... Date Sent.....

*I CONFIRM THE ABOVE SAMPLE SUBMITTED AND SENT WAS COLLECTED BY ME.....YES/NO (delete as applicable)

*I HAVE VERIFIED THAT THE MICRO CHIP NUMBER LISTED ABOVE IS CORRECT.....YES/NO (delete as applicable)

***THE RESULT OF THE PK DEFICIENCY DNA TEST.....**

***Date.....*Signed.....F/MRCVS**

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