

OPTIGEN Test Request Form

INSTRUCTIONS

This form is for submitting a test application to OptiGen by mail or fax. Feel free to duplicate and distribute this form to others. Please complete the form carefully and be sure to obtain the required signatures on it, then include one copy with payment in the sample package you send to OptiGen. Please read and print a copy of the [Ship Sample](#) instructions. **Ship sample(s) to OptiGen, 767 Warren Road, Suite 300, Ithaca, NY 14850.** If you want to submit your application online, please use our [online form](#).

SECTION 1: OWNER INFORMATION

Name: first _____ initial _____
last _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

Email: _____

Co-Owner Names: first _____ initial _____ last _____

SECTION 2: REPORTS

Mail **ALL reports are mailed to the owner.** For additional rapid reports, select **one:**
 Email or Fax

Results will not be provided by phone. **Test results will be reported to genetic registries only according to policy determined by each parent club as described in the Registry Table.**

To request additional, mailed reports to anyone other than the owner or qualified registry, please include an addressed envelope for each name and address (no postage).

SECTION 3: Dog Identification (Indicate "N/A" if question not applicable)

Breed: _____ Call Name: _____

Registry: _____

Registered Name: _____

Registration #: _____

Birthdate: ____/____/____ (mon/day/yr) Sex: ___Female ___Male

Tattoo/Chip# _____
: CERF#/Other Eye Registry#: _____

Registered _____
Name of _____
Sire: _____
Registered _____
Number of _____
Sire: _____
Registered _____
Name of _____
Dam: _____
Registered _____
Number of _____
Dam: _____

SECTION 4: Disease History

Date of last exam by an ophthalmologist (mon/day/yr): ____/____/____ or ____ never examined

Eye Disease	___ Canine Multifocal	Comment:
History:	___ Retinopathy	_____
___ None	___ Cataracts	_____
___ Other	___ Collie Eye	_____
	___ Anomaly/Choroidal	_____
	___ Hypoplasia	
	___ Coloboma	
	___ Cone Degeneration	
	___ Cone-Rod Dystrophy	
	___ Congenital Stationary	
	Night Blindness	
	___ Primary Lens Luxation	
	___ Progressive Retinal	
	Atrophy	
	___ Retinal	
	Dysplasia/Retinopathy	
	___ Retinal Folds	
Other Disease:	___ Canine Leukocyte	___ Narcolepsy
___ None	___ Adhesion Deficiency	___ Neuronal Ceroid Lipofuscinosis
___ Other	___ Cystinuria	___ OculoSkeletal Dysplasia
	___ Epilepsy	___ Phosphofructokinase Deficiency
	___ Familial Nephropathy	___ Pyruvate Kinase Deficiency
	___ Improper Coat	___ Rage
	___ Myotonia Congenita	

If available, please provide information on the examining ophthalmologist or veterinary specialist.

Name: _____

Address: _____

City: _____ State/Province _____

—
Zip/Postal Code: _____ Country: _____
—
Phone: _____ Fax: _____
—
Email: _____
—

SECTION 5: SAMPLE INFORMATION

___ Blood sample is already at OptiGen under a long-term storage agreement.

___ Sample (blood or cheek swabs) will be submitted with this request.

Sample Storage -- Optional 10 year storage of frozen sample (BLOOD ONLY) can be requested for an additional \$35.

No guarantee is made that this sample will be usable for the desired purpose when it is retrieved.

Request long-term storage of sample: ___ yes **\$35** ___ no

SECTION 6: TEST(S) REQUESTED

Alaskan Malamute ___ Cone Degeneration - cd(m) test - \$160

American Eskimo Dog ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

American Pit Bull Terrier ___ Cone Rod Dystrophy (crd2) - crd2 Test - \$120

___ Neuronal Ceroid Lipofuscinosis - Cerebellar Ataxia (NCL-A) - \$150

American Staffordshire Terrier ___ Neuronal Ceroid Lipofuscinosis - Cerebellar Ataxia (NCL-A) - \$150

Australian Cattle Dog ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Australian Shepherd ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *

___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Australian Shepherd, Miniature ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *

___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Australian Shepherd, Toy ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *

___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Australian Stumpy Tail Cattle Dog ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Basenji ___ Pyruvate Kinase Deficiency - PK test - \$80 *

Border Collie ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 *

___ Neuronal Ceroid Lipofuscinosis - CL Test - \$95 *
Boykin Spaniel ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 *
Briard ___ Congenital Stationary Night Blindness - CSNB test - \$135 *
Bullmastiff ___ Canine Multifocal Retinopathy - CMR1 test - \$95 *
 ___ Progressive Retinal Atrophy - Dominant test for PRA - \$120 *
Cardigan Welsh Corgi ___ Progressive Retinal Atrophy - rcd3 test for PRA - \$80 *
Chesapeake Bay Retriever ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
Chinese Crested ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
Cockapoo ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
Cocker Spaniel (American) ___ Phosphofructokinase Deficiency - PFK test - \$80 *
 ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
Collie ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *
 ___ Progressive Retinal Atrophy - Rod-Cone Dysplasia Type 2 - \$180 (\$144 multiple tests/dog)
Coton de Tulear ___ Canine Multifocal Retinopathy - CMR2 test - \$95 *
Dachshund ___ Narcolepsy - NARC test - \$130 *
Doberman Pinscher ___ Narcolepsy - NARC test - \$130 *
Dogue de Bordeaux (French Mastiff) ___ Canine Multifocal Retinopathy - CMR1 test - \$95 *
Dwarf Poodle ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
English Cocker Spaniel ___ Familial Nephropathy - FN Test - \$95 *
 ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
English Springer Spaniel ___ Phosphofructokinase Deficiency - PFK test - \$80 *
Entlebucher Mountain Dog ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
FamCollie ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *
 ___ Progressive Retinal Atrophy - Rod-Cone Dysplasia Type 2 - \$180 (\$144 multiple tests/dog)
 ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *
Finnish Lapphund ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
German Shorthaired Pointer ___ Cone Degeneration - cd test - \$160 *
Glen of Imaal Terrier ___ Cone Rod Dystrophy (crd3) - crd3 Test - \$120

Golden Retriever ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Goldendoodle ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Great Pyrenees ___Canine Multifocal Retinopathy - CMR1 test - \$95 *

Greyhound ___Neuropathy - NDRG1 Test - \$95

Irish Red & White Setter ___Canine Leukocyte Adhesion Deficiency - CLAD test - \$135 (\$105 multiple tests/dog) *
___Progressive Retinal Atrophy - rcd1 test for PRA - \$120 (\$95 multiple tests/dog) *

Irish Setter ___Canine Leukocyte Adhesion Deficiency - CLAD test - \$135 (\$105 multiple tests/dog) *
___Progressive Retinal Atrophy - rcd1 test for PRA - \$120 (\$95 multiple tests/dog) *

Karelian Bear Dog ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Kuvasz ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Lab/Golden Cross ___OculoSkeletal Dysplasia - Inherited RD/OSD - \$160 (\$120 multiple tests/dog)
___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Labradoodle ___OculoSkeletal Dysplasia - Inherited RD/OSD - \$160 (\$120 multiple tests/dog)
___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Labradoodle, Australian ___OculoSkeletal Dysplasia - Inherited RD/OSD - \$160 (\$120 multiple tests/dog)
___Phosphofructokinase Deficiency - PFK test - \$80 *
___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Labrador Retriever ___Narcolepsy - NARC test - \$130 (\$104 multiple tests/dog) *
___OculoSkeletal Dysplasia - Inherited RD/OSD - \$160 (\$120 multiple tests/dog)
___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *

Lancashire Heeler ___Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 *

Lapponian Herder ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Miniature Poodle ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Miniature Schnauzer ___Progressive Retinal Atrophy - Type A test for PRA - \$160 *

Moyen Poodle (Klein Poodle) ___Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

Newfoundland ___Cystinuria - cystinuria test - \$80 *

- Norwegian Elkhound** ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
- Nova Scotia Duck Tolling Retriever** ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *
 ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 (\$156 multiple tests/dog) *
- Old English Mastiff** ___ Canine Multifocal Retinopathy - CMR1 test - \$95 *
 ___ Progressive Retinal Atrophy - Dominant test for PRA - \$120 *
- Portuguese Water Dog** ___ Improper Coat - Improper Coat Test - \$80
 ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
- Rough Collie** ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *
 ___ Progressive Retinal Atrophy - Rod-Cone Dysplasia Type 2 - \$180 (\$144 multiple tests/dog)
- Samoyed** ___ OculoSkeletal Dysplasia - Inherited RD/OSD - \$160 (\$128 multiple tests/dog)
 ___ Progressive Retinal Atrophy - XL test for PRA - \$150 (\$120 multiple tests/dog) *
- Shetland Sheepdog** ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 *
- Siberian Husky** ___ Progressive Retinal Atrophy - XL test for PRA - \$150 *
- Silky Terrier** ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
- Sloughi** ___ Progressive Retinal Atrophy - Sloughi test for PRA - \$80 *
- Smooth Collie** ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 (\$144 multiple tests/dog) *
 ___ Progressive Retinal Atrophy - Rod-Cone Dysplasia Type 2 - \$180 (\$144 multiple tests/dog)
- Spanish Water Dog** ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
- Swedish Lapphund** ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
- Toy Poodle** ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *
- Whippet, Longhaired** ___ Collie Eye Anomaly/Choroidal Hypoplasia - CEA/CH test - \$180 *
- Yorkshire Terrier** ___ Progressive Retinal Atrophy - prcd Mutation Test for PRA - \$195 *

* Tests marked with an asterisk are not available in all countries. Please visit our website or contact us for more information.

SECTION 7: CERF or OFA DNA Registry Fee

If you are a US resident, and your dog is one of these - **American Staffordshire Terrier - Briard - Glen of Imaal Terrier - Irish Setter - Kuvasz - Nova Scotia Duck Tolling Retriever - Old English Mastiff -**

Shetland Sheepdog - Spanish Water Dog -- you **must** include this fee in your application in accordance with the breed club's guidelines.

Owners with these breeds from countries other than the USA may choose to have their dog's DNA registered with CERF or OFA by paying the fee and checking the box below.

To see which of these registries will receive your test results directly from OptiGen, please read "Registry Information" under the "Instructions & Information" tab on the website.

American Staffordshire Terrier -- \$7.50/test

Briard -- One test requested \$15, Each additional test requested on one dog \$10

Glen of Imaal Terrier -- \$7.50/test

Irish Setter -- One test requested \$15, Each additional test requested on one dog \$10

Kuvasz -- \$7.50/test

Nova Scotia Duck Tolling Retriever -- \$7.50/test

Old English Mastiff -- \$7.50/test

Shetland Sheepdog -- \$7.50/test

Spanish Water Dog -- \$7.50/test

Number of tests requested _____ Total CERF or OFA DNA Registry Fee \$ _____

SECTION 8: Limited Warranty and Disclaimer

OptiGen warrants its test results to be accurate for the sample obtained from this dog alone, as identified by the information given on this form. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL OPTIGEN BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within two years of the report of the test results.

SECTION 9: Certification and Signatures

The undersigned hereby certifies that the dog described above is the same dog whose **permanent ID** (if available) is stated above, whose sample is submitted and labeled with this name and whose information is given on this form, and that all information is accurate to the best of my knowledge. I understand that additional samples may be required to complete this test. I understand that cheek swab samples are a less reliable source of DNA and a fee may be charged for repeated trials on additional cheek swabs in the case of a test failure.

I authorize OptiGen to release test results to officially sponsored registries for my breed as described in the [Registry Table](#). I hereby release forever the responsible breed club, the operators of the registry and OptiGen from any and all liability resulting from the transfer of this data.

All samples submitted to OptiGen become the property of OptiGen and may be used for internal quality control and/or research purposes.

I accept all conditions stated in this multi-page application form.

Dog's Call Name: _____

Owner's Signature: _____ mon/day/yr: ____/____/____
Date

Sample Certified by: ___ Vet/Tech ___ Witness Collected: ____/____/____

Signature: _____

Date ____/____/____

Print Name: _____

Hospital/Clinic (if applicable): _____

Address: _____

SECTION 10: Payment of Fees (no EuroCheques please)

Total: \$ _____ How will you be paying?

___ Check or Money Order in US dollars payable to OptiGen, LLC is enclosed

___ Visa ___ MasterCard

Credit

Card _____

Expiration

Number _____

n Date: _____

:

Name _____

on Card: _____

Signature: _____
