

REFERENCE LABO: W-

BREEDERS

NAME : FIRST NAME :
 ADDRESS :
 POSTAL CODE : CITY : COUNTRY :
 PHONE : E-MAIL : VAT :
 MADE IN : DATE :

SIGNATURE

The obligatory signature of the document means the knowledge of the prices, the acceptance of the general conditions of sale (www.progenus.be) and the ordering of the analysis indicated. The invoice must be paid to obtain the results.

VETERINARY

NAME : FIRST NAME :
 ADDRESS :
 POSTAL CODE : CITY : COUNTRY :
 PHONE : E-MAIL : VAT :
 MADE IN : DATE :

SIGNATURE :

The signature of the document signifies the conformity of the information listed below

ADMINISTRATIVE DATA OF THE ANIMAL

BREED : NAME : PROGENUS N° :
 BIRTHDAY : SEX : M F URGENT ANALYSIS : YES NO
 IDENTIFICATION N° : CHIP :
 FATHER : MOTHER :

List of available tests

- | | | |
|---|--|---|
| <p><u>HEALTH MARKERS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood group (CAT-BLOOD) <input type="checkbox"/> HCM1 (CAT-HCM1) <input type="checkbox"/> HCM3 (CAT-HCM3) <input type="checkbox"/> Osteochondrodysplasy (CAT-FOLD) <input type="checkbox"/> PKD (CAT-PKD) <input type="checkbox"/> PKD + HCM1 + SMA (CAT-PKD-HCM-SMA) <input type="checkbox"/> Pyruvatekinase deficiency (CAT-PKDEF) <input type="checkbox"/> Spinal muscular atrophy (CAT-SMA) | <p><u>OTHER MARKERS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Long hair mutation 4 (CAT-LHAIR) | <p><u>DNA PROFIL</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Parental lineage (CAT-FIL) <input type="checkbox"/> DNA profil 10 markers (CAT-ID10) <input type="checkbox"/> DNA profil 15 markers (CAT-ID15) |
|---|--|---|

Samples are to be sent to the following address:

PROGENUS sa - 7A rue Camille Hubert, 5032 Gembloux (Isnes), Belgique

Phone : +32-(0)81 616901 e-Mail : info@progenus.be