

# Submission Form: Genetic Test for Primary Hyperparathyroidism (PHPT)



## Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University  
In Partnership with the NYS Dept of Ag & Markets  
US Postal Service Address: PO Box 5786  
Ithaca, NY 14852-5786

FEDEX/UPS Address:  
240 Farrier Rd  
Ithaca, NY 14853

AHDC Contacts  
Phone: 607-253-3900  
Fax: 607-253-3943  
Web: ahdc.vet.cornell.edu  
E-mail: diagcenter@cornell.edu

**LAB USE ONLY**

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AHDC Accession No./Date

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE DOG PER FORM

\*Results will be sent to the owner listed below, except when submitted under the account of a licensed veterinarian.

♦ **The veterinarian's information is required only for those samples submitted under the account of a licensed veterinarian. It will be the veterinarian's responsibility to provide results to the owner in these instances.**

\* Owner's name \_\_\_\_\_ ♦Veterinarian Account number♦ \_\_\_\_\_  
Co-owner's name \_\_\_\_\_ ♦Clinic name/Vet♦ \_\_\_\_\_  
\* Mailing Address \_\_\_\_\_ ♦Clinic/vet phone#♦ \_\_\_\_\_  
\* City, State, Zip/Postal Code, Country \_\_\_\_\_  
\* Phone \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Please indicate how results should be returned: Fax  Email  Postal Service

### Dog Information

Breed **KEESHOND** Sex \_\_\_\_\_ Color/Markings \_\_\_\_\_  
Call Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (MM/DD/YY)  
Registered Name \_\_\_\_\_  N/A  
Registration Number (AKC or other) \_\_\_\_\_  N/A  
Microchip/Tattoo Number (required) \_\_\_\_\_  Microchip  Tattoo  
Registered Name of Sire \_\_\_\_\_  
Registered Name of Dam \_\_\_\_\_  
Registration Number of Sire \_\_\_\_\_ Registration Number of Dam \_\_\_\_\_

PHPT genetic test results may be reported to a third party such as the Orthopedic Foundation for Animals (OFA), if the owner so chooses and appropriate documents and payments for fees are included (www.offa.org). Please be assured that test results will not be forwarded to OFA or any other third party without written permission from the authorized submitter.

I certify that the sample submitted is from the dog described above and that all the information provided is accurate, to the best of my knowledge, including permanent identification (microchip or tattoo).

Authorized Submitter \_\_\_\_\_ Date \_\_\_\_\_

### Payment Must Accompany Sample(s), Please Submit a Credit Card Authorization Form

Samples will not be tested until payment is authorized.

(Add totals for each dog/form and enter as payment total on credit card authorization form.)	Test fee	\$ 90.00
	Accessioning Fee (per sample)	\$ 5.00
	<b>Total</b>	<b>\$ 95.00</b>

Payment Total: \_\_\_\_\_

Note: Fees for reporting to outside agencies require use of specific agency forms and instructions.