



Goldstein Molecular and Genetics Laboratory

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FOR LAB USE ONLY
AHDC Accession Number
Date

Submission form: Genetic Test for Primary Hyperparathyroidism (PHPT)
PLEASE PRINT LEGIBLY

Veterinarian Information:
Name/Clinic:
Mailing Address:
City, State, Zip/Postal Code, Country:
Phone: () Fax: ()

Owner Information:
Name:
Co-owner Name:
Mailing Address:
City, State, Zip/Postal Code, Country:
Phone: Daytime: () Evening: ()
E-mail address:

Dog Information:
Breed: KEESHOND Sex: Color/Markings:
Call Name: Date of Birth: (M/D/Y)
Registered Name: N/A
Registration Number (AKC or other): N/A
Microchip/Tattoo Number (required): Microchip Tattoo
Certificate will identify means of permanent identification: M for microchip, T for tattoo, or NPI for no permanent identification.
Registered Name of Sire:
Registered Name of Dam:
Registration Number of Sire: Registration Number of Dam:

In the future, PHPT genetic test results may be reported to a third party such as the Orthopedic Foundation of America (OFA), if the owner so chooses and a system is put into place to do so. Please be assured that test results will not be forwarded to OFA or any other third party (such as a pet insurance company) without permission. The owner will be required to give permission by written signature before test results will be released to any third party.

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).

Veterinarian's signature: Date:
Owner's signature: Date: