



## 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.....ANDREA HARVEY.....

\*Practice Name.....UNIVERSITY OF BRISTOL..... Tel:.....0117 9289558.....

\*Practice Address.....LANGFORD HOUSE, LANGFORD, BRISTOL.....

.....\*Postcode.....BS40 5DU.....

Fax No .....0117 9289559.....Email Address.....A.M.HARVEY@BRISTOL.AC.UK.....

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

ALL FIELDS MARKED \* MUST BE COMPLETED BEFORE COPIES CAN BE SENT TO GCCF FOR CONFIRMATION OF STATUS