



University of
BRISTOL

LANGFORD VETERINARY DIAGNOSTICS

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LAB USE ONLY

LVD No.....

Date Received.....

Microchip Checked (initials)

Autosomal Recessive Pyruvate Kinase Deficiency PCR Test

Section A (to be completed by the owner, or owner's agent)

*Owner's Name *Tel.....

*Address

*Post code

PLEASE INCLUDE A SELF-ADDRESSED ENVELOPE FOR RETURN OF RESULTS TO THE OWNER

*Cat's full registered name

*Microchip ID

*Registration No..... *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/Agent)

Section B (to be completed by the veterinary surgeon)

*Veterinary Surgeon Sample submitted:

*Practice Name EDTA Blood (minimum 0.5 ml)

*Practice Address OR

Buccal Swab

Date Collected

Time Collected

Telephone No Date Sent

Fax No.....

*I confirm that the sample submitted with this form 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)

*Date..... *Signed F/MRCVS



- **For future inclusion on the FAB pyruvate kinase deficiency register & GCCF Active Register the sample must be taken by a veterinary surgeon & the cat's microchip identification checked at the time of sampling.**
- **Fields marked * must all be completed**
- **The sample must be labelled with the cat's microchip number**
- **A copy of this submission form together with the test results for the cat will be required by FAB and GCCF**

LVD Charges

Pyruvate Kinase Deficiency Test Result

Plus VAT