



University of
BRISTOL

LANGFORD VETERINARY DIAGNOSTICS

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Email: lvd-mail@bris.ac.uk Web: http://bris.ac.uk/lvd/

LAB USE ONLY

LVD No.....

Date Received.....

Autosomal Recessive Pyruvate Kinase Deficiency PCR Test

Owner's Name Tel.....

Address

..... Post code

Cat's full registered name

Registration No..... Registering body

Breed Colour

PLEASE SUBMIT A BUCCAL SWAB

For instructions on the type of swab to use and a demonstration of how to collect a sample, see website <http://www.bristol.ac.uk/vetpath/lvd/PCR-PK.htm> Please note that it is important to submit a satisfactory swab. In the case of a swab that contains insufficient DNA this will not be identified until the test has been completed and the full charge will apply even though no result can be given.

Date Collected

Date Sent

Please complete this section (the RCVS requests that we inform your veterinary surgeon of the result).

Veterinary Surgeon

Practice Name

Practice Address

.....

Tel No

Fax No

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 and research purposes which may be published. I understand that samples submitted in this way will not be acceptable for the cat's registration on the GCCF Active Register or the FAB pyruvate kinase deficiency register. To be eligible for the above registers the sample must be taken by a veterinary surgeon, and the cat's microchip identification checked at the time of sampling (in this case please use the [submission form](#) for veterinary practices)

Date Signed (Owner/Agent)

**FULL PAYMENT MUST ACCOMPANY THE SAMPLE: £40 + VAT per sample (total £47.00)
PLEASE INCLUDE A SELF-ADDRESSED ENVELOPE FOR RETURN OF RESULTS TO THE OWNER**

Make cheques payable to University of Bristol

PYRUVATE KINASE (PK) DEFICIENCY DNA TEST RESULT