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| Livershunt Research Swab Submission Form **Request DNA Diagnostic**  **University Clinic of Pet Medicine** | | | |
| **Animal Data**  **Animal Type Breed**  **Registered Name**  **Date of Birth**  **Sex**  **KC Reg. No.**  **Sire:**  **Dam:** | Dog Irish Wolfhound      Male / Female | **Owner Data**  Name  Address  Post Code  Country  Email: | United Kingdom |
| **How is this dog related to Livershunt** | Affected ⬜ Sire ⬜ Dam ⬜ | | |
| Indication |  | | |
|  | As Part of Research Project Yes ☑No ⬜  Prof. J. Rothuizen  Exclusively used for this purpose. | | |
| Date Swab Taken |  | | |
|  | All individual information will be used strictly confidentially by the researchers and not be disclosed to any other party. I (owner) agree that isolated DNA can be used for research purposes only.  Signature (Owner)  Date | | |

Please return completed form to:

Attn. Frank Steenbeek,   
Utrecht University Faculty of Veterinary Medicine, Pet Biochemical Lab, Yalelaan 104, 3584 CM Utrecht, The Netherlands.