

Date :

Position :

Tube No. [] [] [] [] [] [] [] []

Cheek swab Blood sample (EDTA) Other : _____
Copy the tube number above Identify the tube (name or chip)

Version: 01/01/2025

SAMPLE AUTHENTICATION BY A VETERINARIAN FOR AN OFFICIAL RESULT

Authentication can not be performed retrospectively

~~I, the undersigned Dr. _____ Licence No. [] [] [] [] [] [] [] []~~
LAST NAME First name
 Clinic Name _____ Phone No. _____
 Address **IFYLLES AV VETERINÄR**
 ZIP Code _____ City & State _____ Country _____
 Clinic email for results _____
 Invoicing email _____

ANIMAL

As part of Screening Breeding Diagnosis* Research purposes only* *Attach commemorative and anamnesis
 Dog Cat Breed **BERNESE MOUNTAIN DOG** Pedigree **SE 49810/2024**
 Registered Name **KROWBLOMMAS MELISSA**
 Usual Name **MELISSA** Female Male Date of birth **01/12/24**
Obs: DAG + MÅNAD + ÅR

I certify having sampled this animal myself, after having checked it's gender and it's identification number

By microchip scanning Identification Number **941 000 026 297 553**
 By tattoo reading

REQUESTED ANALYSIS

Prices (VAT included) valid until 31/12/2026

- 45€ **DNA profile** (ISAG 2006 / ISAG F2014)
Doesn't include the Cat Genetic Blood Group
- 77€ **One Test** Specify the test
- 107€ **DNA profile + One Test** Specify the test
- 168€ **Dog Genetic Check-Up or Cat Genetic Check-Up**
- 198€ **Dog Genetic Check-Up or Cat Genetic Check-Up + DNA profile**
- 75€ **MDR1**
- 130€ **SH** if older than 3 months blood sample mandatory (EDTA)
Included in the Dog Genetic Check-Up
- 77€ **Cat Genetic Blood Group** (all breeds)
Included in the Cat Genetic Check-Up

Sampling date [] [] [] [] [] [] [] [] [] [] [] []
 The sample must be sent under the the veterinarian's liability.
 Veterinarian's stamp **IFYLLES AV VETERINÄR**
 Veterinarian's signature _____
The veterinarian accepts the current Terms and Conditions of sale at www.antagene.com.

INVOICE TO **PAYMENT**

Owner (email required) Veterinarian (email required)
 Other : LAST NAME, First name, phone number, email, postal address _____
 Bank card
 Already paid during the ordering process
 Payment upon invoice receipt

No results will be delivered in the absence of payment. Results are automatically sent by email to the animal's owner and to the clinic of the sampling veterinarian.

Mr. Mrs. LAST NAME **MAGNUSSON** First Name **BÖRN**
 E-mail **KROWBLOMMAS@TELIA.COM**
 Address **NORRÖDEN**
 ZIP Code **17995** City & State **SKARTSÖ**
 Country **SWEDEN** Phone number **+46706012000**
 Owner's signature **Björn Mag**
The owner certifies that he/she owns the animal and accepts the current Terms and Conditions of sale at www.antagene.com.
 I confirm that informations concerning the animal and the requested analysis are completed.
 I agree that the result can not be recognized as official in the absence of animal's ID and sample authentication by a veterinarian.