



# Factor VII Deficiency (Alaskan Klee Kai) DNA Test Submission Form

## Contact Information

Owner First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Veterinarian Address: \_\_\_\_\_  
 Owner's agent City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Owner Information (if different from above)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Animal Information

Official name: \_\_\_\_\_ Call name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ (mm/dd/yy) Registration #: \_\_\_\_\_  UKC  Other: \_\_\_\_\_  
Breed: Alaskan Klee Kai Sex:  Male  Female  Neutered  Intact  
Sire's name \_\_\_\_\_ Sire's registration #: \_\_\_\_\_  
Dam's name \_\_\_\_\_ Dam' registration #: \_\_\_\_\_

## Sample Information

Date of sample collection: \_\_\_\_\_ (mm/dd/yy)  
Sample type:  1-2 mL EDTA blood  Three cheek swabs  
Reason for testing:  General screening  Breeding  Suspicious clinical signs (bleeding tendency)  
(Check all that apply)  Abnormal coagulation test results  Relative known to be affected/carrier  
 Other: \_\_\_\_\_

Has this dog experienced any excessive bleeding after: nail clip? Yes or No  
surgery or trauma? Yes or No  
If yes to either question, please provide additional information: \_\_\_\_\_

Please label samples with the animal's call name and owner's last name. Include credit card information or a check payable to 'Trustees, University of Pennsylvania/Dr. Giger.  
Price: \$50.00 per dog (through May 31, 2006)

You may copy this form if you are testing more than one dog. All information will be kept strictly confidential. Results are available approximately three to four weeks from receipt of samples and will be sent only to the person submitting the sample.

Ship to:  
Dr. Urs Giger/ FVII AKK  
Veterinary Hospital – Room 4006  
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