



FOR INTERNAL USE ONLY (do not fill)	ORDER FORM	 SEQOMICS Animal Health 
Sample ID:	(from 01.10.2018.)	
Date:	GENETIC TESTS	

OWNER INFORMATION

First Name: _____	Last Name: _____
Address: _____	
City: _____	Zip Code: _____ Country: _____
Phone: _____	email*: _____

CAT INFORMATION

Registered Name: _____	
Microchip No.: _____	
Breed: _____	Registration No.: _____
Gender: _____	Date of Birth: _____
Coat Colour: _____	Coat Length (please underline): long, medium, short

SAMPLE INFORMATION**

Date of Sample Collection: _____	Sample: EDTA Blood
Sample label: _____	
Sample taken by (name and stamp of the veterinarian): _____	
Test(s) requested:	
<input type="checkbox"/> GM2 Gangliosidosis (type 2) <input type="checkbox"/> HCM1 Hypertrophic cardiomyopathy 1 <input type="checkbox"/> HCM3 Hypertrophic cardiomyopathy 3 <input type="checkbox"/> BHP Hypokalaemic Polyomyopathy <input type="checkbox"/> PK Pyruvate kinase deficiency <input type="checkbox"/> SMA Spinal Muscular Atrophy <input type="checkbox"/> PRA-rdAc Progressive Retinal Atrophy - retinal degeneration	



*please provide a valid email address: the result and invoice will be sent via email as pdf

** only EDTA blood samples are accepted

***please see our price list for the calculation of the costs

please send the filled order form to animalhealth@seqomics.hu

sample shipment address: SeqOmics Biotechnology Ltd AH, Vállalkozók útja 7, 6782 Mórahalom, Hungary

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PAYMENT INFORMATION***

Amount (in euros): _____	Payment by: Bank transfer
Name: _____	
Billing Address: _____	
City: _____	Zip Code: _____ Country: _____

STATEMENT OF AGREEMENT

I hereby certify that the information appearing on this form is correct and true to the best of my knowledge. I hereby affirm that the sample was collected and labelled properly. I understand that all test results and documentation will be provided to only me, unless otherwise specified. I understand that the samples will be biobanked and may be used for in-house purpose.

Signature: _____ Date: _____



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