


FOR INTERNAL USE ONLY (do not fill)	ORDER FORM	
Sample ID: _____	(from 26.08.2024)	
Date: _____	CAT GENETIC TESTS	

OWNER INFORMATION

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

CAT INFORMATION

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

SAMPLE INFORMATION^b

Date of sample collection: _____	Sample: EDTA Blood
Sample label: _____	
Sample taken by (name and stamp of the veterinarian ^c): _____	
Test(s) requested (please mark with X):	
<input type="checkbox"/> GM2 Gangliosidosis (type 2)	
<input type="checkbox"/> HCM1 Hypertrophic cardiomyopathy 1	
<input type="checkbox"/> HCM3 Hypertrophic cardiomyopathy 3	
<input type="checkbox"/> HCM4 Hypertrophic cardiomyopathy 4	
<input type="checkbox"/> BHP Hypokalaemic Polyomyopathy	
<input type="checkbox"/> PK Pyruvate kinase deficiency	
<input type="checkbox"/> PKD Polycystic Kidney Disease	
<input type="checkbox"/> SMA Spinal Muscular Atrophy	
<input type="checkbox"/> PRA-rdAc Progressive Retinal Atrophy - retinal degeneration	

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

^bonly blood samples taken in EDTA tubes are accepted

^cwe cannot process samples without a veterinarian's signature and stamp.


^dto calculate the costs, please visit our website or contact us: **please do not make payment in advance!**

^eonly signed and dated application forms will be accepted

The result will be sent within 5 business days of receipt of the sample (not counting the day the sample was received);
priority processing (3 business days): 10 EUR per test.

Please send the filled original order form along with the sample via post.

The shipping address for the samples: SeqOmics Biotechnology Ltd AH, Vállalkozók útja 7, 6782 Mórahalom, Hungary
For more information please contact us at animalhealth@seqomics.hu or call +36 30 392 3642

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PAYMENT INFORMATION^d

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

NOTE(S)

STATEMENT OF AGREEMENT^e

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 by a veterinarian. 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: _____

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

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