

Sample Submission Form

OFFICE USE ONLY

Allow brushes to air dry for a few hours or overnight. Carefully place them back in their packages and use piece of tape to help keep them closed, but do not seal tightly.

➤ Dog Information

Name _____ Breed _____

Optional AKC Number _____ Microchip Number _____

Please fill out if applicable (This section is to help us in our ongoing research)

Is this dog being tested to assess potential sensitivity to chemotherapy drugs now or in the future? Yes ___ No ___

Has this dog had a drug reaction? Yes ___ No ___ If so, to which drug(s)? _____

➤ THIS SECTION COMPLETED ONLY IF VETERINARIAN MAKES SUBMISSION (PLEASE PRINT LEGIBLY!)

*** If sending blood, a min of 2 mls is required. It must be sent FedX overnight on an icepack. ****

Veterinarian & Clinic Name (REQUIRED) _____

Complete Address _____

City _____ State/Province _____ Zip _____ Clinic Phone (____) _____ Clinic FAX (____) _____

➤ THIS SECTION COMPLETED ONLY IF OWNER MAKES SUBMISSION (PLEASE PRINT LEGIBLY!)

It is the OWNERS RESPONSIBILITY to notify their veterinarian of test results. Results are sent by EMAIL ONLY.

Owner Name _____

Complete Address _____

City _____ State/Province _____ Zip _____ Phone (____) _____

Owner E-mail _____

➤ Please PROGRAM your email SPAM filter to accept emails w/attachments from vcpl.judy@vetmed.wsu.edu

➤ Indicate if you give permission for VCPL to use your dog's DNA for ongoing research into genetic diseases of dogs (dogs/owners/DVMs will NOT be identified) Yes ___ No ___

➤ *** PAYMENT MUST ACCOMPANY THE SAMPLE. WE DO NOT BILL OR MAINTAIN ACCOUNTS.

One test equals two brushes

For 1 - 4 tests (included in a single shipment).....\$70 US Dollars per test - # of Tests ___

For 5 or more tests (included in a single shipment).....\$60 US Dollars per test - # of Tests ___

US payment by personal CHECK, MONEY ORDER, VISA or MASTERCARD

Canadian & European payment by VISA or MASTERCARD ONLY

Name of Cardholder _____

Address (if different from address above) _____

City _____ State/Province _____ Postal Code _____

Credit Card Number _____ V-CODE number (required)** _ _ _

Expiration Date _____ **The last three digits of number on the back of the credit card generally close to the signature line

Your signature hereby authorizes VCPL/WSU to charge your credit card for this MDR1 test.

Signature Cardholder (REQUIRED) _____

➤ Send the labeled brushes, this information sheet, and payment to

Sent via US Postal Service

Veterinary Clinical Pharmacology Laboratory
PO Box 609
Pullman, WA 99163

Sent via FedX or Other Courier

Veterinary Clinical Pharmacology Laboratory
17 Veterinary Teaching Hospital
Pullman, WA 99164
Phone 509-335-3745