Sample SUBMITTED BY VETERINARIAN to OptiGen:

This form is for use by veterinarians submitting a sample and test request to OptiGen.

Veterinarian:			
Address:			
City: State:		Zipcode:	
Phone:	Fax:	• • • • • • • • • • • • • • • • • • • •	
Email:			
Report to:OwnerVeterinarian			
Report Method:EmailFax			
If owner is to receive a report, please pro	ovide contac	t information:	
Owner:			
Address: States			
CityState			
Phone:	Fax:_		
Email:			
Breed:			
Test(s) Requested: Please refer to tests			
Test page. Please include Test Number a	ind see prici	ng as listed on Pric	e List. Base
prices: Tier I =\$130; II=\$100; III=\$75		mpom	T mean payon
TEST NAME or abbreviation		TEST	TEST PRICE
		NUMBER	
		OUD TO LD	
G01 (D0 D)	~ .	SUB Total Due	
COMBO Discount for >1 test per sample			
\$10 for each test (e.g. 3 tests =Subtract \$	830)	Discount	
DOG IDENTIFICATION A TOTAL		TOTAL DUE:	
DOG IDENTIFICATION (Indicate "N	/A" if questi	on not applicable)	
Call Name:			
Registered Name:			
Registry (e.g. AKC):			
Registration #: (mon/day/yr)	С Г	1 1 1	
Birthdate: /_/(mon/day/yr)	Sex:Fe	maleMale	
Registered Name of Sire:			
Registered Number of Sire:			
Registered Name of Dam:			
Registered Number of Dam:			

Limited Warranty and Disclaimer:

OptiGen warrants its tests to be accurate for the sample obtained from this dog alone, as identified by the information on this form. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL OPTIGEN BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within 2 years of the report of the test results.

Certification and Signatures:

I accept all conditions stated in this multi-page form.

The undersigned hereby certifies that the dog described above is the same dog whose permanent ID (if available) is stated above, whose sample is submitted and labeled with this name and whose information is given on this form, and that all information is accurate to the best of my knowledge. I understand that additional samples may be required to complete this test. I understand that cheek swab samples are a less reliable source of DNA and a fee may be charged for repeated trials on additional cheek swabs in the case of a test failure.

All samples submitted to OptiGen become the property of OptiGen and may be used for internal quality control and/or research purposes.

Dog's Call Name: _____Chip/Tattoo:_____ Veterinarian's Signature: Veterinarian's Name (PRINT): Sample Certified by: ____Vet/Tech ___ Witness Date Collected: Payment of Fees (no foreign currency or cheques please) Total due: \$_____ How will you be paying? Check or Money order in US dollars payable to OptiGen, LLC is enclosed VISA MasterCard *Invoice Please indicate a P.O.# or reference I.D.: *Credit Card Number: Expiration Date: (Month/Year) Name on Card: Signature: *If you prefer for OptiGen to call for credit card information or invoice your practice --or have additional payment instructions, please note them below: Additional notes, e.g. clinical observations/ particular reasons for requesting test: