

Order Form

Genetic Tests

Discount Code

MMVD10

LABOKLIN

LABORATORY FOR CLINICAL DIAGNOSTICS

Unit 20, Wheel Forge Way, Trafford Park, Manchester
M17 1EH, United Kingdom - tel 0161 282 3066
info@laboklin.co.uk - www.laboklin.co.uk

Business hours: Monday – Friday 9:30 am – 4:30 pm

THIS FORM IS ONLY VALID FOR USE BY: MEMBERS OF CAVALIER KING CHARLES SPANIEL CLUBS
VALID FOR SAMPLES RECEIVED BETWEEN 01/09/2024 AND 31/12/2024

Veterinary Surgeon (stamp or block letters)

Only required if sample collected by a vet

Tel:

Email:

Date:

Signature:

Owner details (block letters)

Full name:

Address:

Town / City:

County:

Postcode:

Country:

Tel:

Email:

Date:

Signature:

Reporting: Result to Vet Result to Owner - Please select **ONE** reporting method: Result by email - Result by post (add £3.60 per dog)

Dog 1

Registered Name: Call Name:

Breed: Cavalier King Charles Spaniel Sex: Male Female. Date of Birth:

Microchip No KC Registration

Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog 2

Registered Name: Call Name:

Breed: Cavalier King Charles Spaniel Sex: Male Female. Date of Birth:

Microchip No KC Registration

Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog 3

Registered Name: Call Name:

Breed: Cavalier King Charles Spaniel Sex: Male Female. Date of Birth:

Microchip No KC Registration

Sample: EDTA Blood Buccal swabs - Sample Date: Sample label

Dog Genetic Diseases

Cost Incl. VAT

<input checked="" type="checkbox"/>	Test No	Disease or Condition Name	Standard Price	Member price
<input type="checkbox"/>	8831	Myxomatous mitral valve disease (MMVD)	£48	£ 43.20

Payment:

- I enclose a **cheque / Postal** order payable to **LABOKLIN (UK)** for the amount of £
- I made **bank transfer** to Laboklin UK: Barclays Sort Code: 20-82-14 Account number 93296490, Amount: £ my reference is
- I have already paid by **paypal*** the amount of £ my payment reference number is:
- * Paypal payment must be made to info@laboklin.co.uk, please add 3% fees.
- I have already paid by **credit / debit card** the amount of £ my payment reference number is:
- I would like to pay by **credit / debit card** (you may also ring 0161 2823066 to pay over the phone) the amount of : £.....
- Card Holder's name: Card Number:
- Card Expiry Date: Card Security (last 3 digits on the back of the card):..... signature:
- Cash £

EDTA blood tubes and cheek swabs are available free of charge, please email info@laboklin.co.uk.
Any other information?:

I agree to allow my data to be transmitted to and processed by Laboklin UK in order to fulfil this contract. I have read the information and details on the use of the data and my rights at laboklin.co.uk/privacy

DD/MM/YYYY

Signed (owner / agent) Date: