





# **SAMPLING KIT**



#### THE SAMPLE MUST BE AUTHENTICATED BY A VETERINARIAN

To get an official recognition of the results (kennel club, breed registers) To certify the identifiy of the sampled animal

# HOW TO TAKE A CHEEK SWAB



- Collect the sample by rolling and rubbing firmly the cheek swab on the inside of the pet's cheek for 20 seconds
- Place the swab within the ethanol tube, if ethanol is missing, complete with modified alcohol
- Cut the swab just above the brush

Cheek swab

- Close the tube and make sure it does not leak
- Copy the tube's number on the submission form

Contact us to get a free sampling kit

- Check that all animal's information are accurate, then sign and stamp the submission form
- Place the sample in the special envelope

#### Caution

To avoid contamination that would lead to the failure of the test, the animal must not eat, drink, suckle, nor lick anything or any other animal for 30 minutes prior taking the sample.

## When no sampling kit is available

- Collect 1mL to 2mL of whole blood on EDTA
- Label the tube with the animal name or its identification number (microchip or tatoo)
- Place the sample within an hermetic bag, suitable for sending a blood sample

# HOW TO ORDER A SAMPLING KIT

#### **Contact ANTAGENE**



By email contact@antagene.com



antagene.com/en/my-space



By phone

+33 4 37 49 90 03

### **PAYMENT**

# Bank card



antagene.com/en/my-space

- When you order your sampling kit
- Or on invoice receipt, once your sample is received by ANTAGENE

### RESULTS

#### PDF document sent by email



To the owner and veterinarian

# PDF document uploaded online



antagene.com/en/my-space



GENETIC TEST(S) UBMISSION FORM	
landatory fields are labelled in red	
	For ANTAGENE use only

Tube No. *	For ANTAGENE use only
1 - TEST(S) REQUESTED FOR 2 - RESULTS	3 - INVOICE TO* 4 - PAYMENT
☐ Screening or Breeding ☐ Diagnosis Genetic disease suspicion Attach commemorative and anamnesis ☐ Research purposes only ble results	<ul> <li>□ Owner</li> <li>□ Veterinarian</li> <li>□ If different:</li> <li>□ Payment on invoice receipt</li> </ul>
Research purposes only No results Attach commemorative and anamnesis	First Name & LAST NAME
5 - OWNER	
☐ Mr ☐ Mrs LAST NAME *	First Name*
Email *	
Address*	Owner's signature *
Post/Zip Code * Town & State *	I hereby certify that I am the owner of this animal and that I accept the current General Sales Conditions (available online at www.antagene.com)
•	
Country * Phone Number *	
6 - ANIMAL DNA extracted from this sample may be used for the	esearch in genetics
Breed *	☐ Dog ☐ Cat
Registered Name*	☐ Male* ☐ Female *
	Date of birth DDMMYY
Usual Name	
dentification No. * (mandatory for an official result)	
In the absence of the identification number and authentication of the samp	le by a veterinarian, I am aware that my result will have no official value.
7 - GENETIC TEST(S) REQUESTED	Rates valid until 31/12/2023
DOG	CAT
☐ 45€VAT incl. DNA profile (ISAG 2006)	Under the Genetic Blood Group  NA profile (ISAG F2014)  DNA profile doesn't include the Genetic Blood Group
☐ 75€VAT incl. Multi Drug Sensitivity - MDR1	75€VAT incl. Genetic Blood Group (all breeds)
☐ 75€VAT incl. One test Genetic Disease or Trait  Specify the test except PRA-prod, AOC, HS	75€ <sup>VAT incl.</sup> One test Genetic Disease or Trait
☐ 105€ <sup>VAT incl.</sup> One test Genetic Disease or Trait + DNA profile	Specify the test
Specify the test except PRA-prod, AOC, HS	☐ 105€ VAT incl. One test Genetic Disease or Trait + DNA profile
□ 108€ <sup>VAT incl.</sup> AOC □ 108€ <sup>VAT incl.</sup> PRA-prcd	Specify the test
$\hfill \square$ 120 $\ensuremath{\text{e}}^{\text{VAT incl.}}$ HS $$ - if older than 3 months blood sample (EDTA tube) mandatory	
☐ 168€ <sup>VAT incl.</sup> Genetic Check-Up	☐ 168€VAT incl. Genetic Check-Up NEW
☐ 198€ <sup>VAT incl.</sup> Genetic Check-Up + DNA profile	☐ 198€VAT incl. Genetic Check-Up + DNA profile NEW
Genetic Check-Up is a screening of all the Genetic D	iseases and Traits scientifically validated in the breed.
8 - VETERINARIAN The sample must be collected by a veterinar	rian or an authorized person for an official recognition of the test(s) results.
LAST NAME * First Name *	Licence No.*
Email*	Phone number *
Address	
As a veterinarian, I hereby certify that I collected this sample myself, that I	checked the animal microchip or tatoo identification number and that I

sent this sample to ANTAGENE under my responsibilty. I accept the current General Sales Conditions (www.antagene.com).

Stamp * Mandatory to get an official recognition of the results

Veterinarian's signature *	-
Mandatory to get an official recognition of the results	