



# Boxer Arrhythmogenic Right Ventricular Cardiomyopathy

Web page: [Veterinary Cardiac Genetics Laboratory](#)

Send the labeled swabs or blood tube and this information sheet to:

## Veterinary Cardiac Genetics Lab

NCSU/CVM

1060 William Moore Drive Room 462-A

Raleigh, NC 27607 919-513-8279 (call or e-mail for collection kits) [VCGL test request](#)

If possible, let the two (2) swabs air dry in a clean place for a few hours or overnight. Carefully return the swabs back into the package sleeve. **Important:** please remember to label the paper backing of each swab package with the dog's name. Use tape to help keep the package closed. Don't seal too tightly or specimen will mold, but tight enough to avoid cross contamination. Alternatively an EDTA tube with 1-3 mls of blood can be sent (double package to prevent spillage).

Please print

Dog's Name \_\_\_\_\_ AKC # \_\_\_\_\_ Gender : F FS M MC Birthdate: \_\_\_\_\_

Business or dog Owner Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Please print email address carefully to avoid delayed results.

Phone # \_\_\_\_\_ E-Mail address \_\_\_\_\_

Fax # \_\_\_\_\_

### Billing information: All tests are now \$51.00/test

We ask that you use our easy campus credit card web site: [NCSU Credit Card Payment](#)

Once on the website you will be asked:

Company Name--- this can be your kennel, cattery or even your last name

Contact Name-- your name

**Payment Purpose-- Cardiac Genetics YOU MUST WRITE CARDIAC GENETICS in this required field for us to match up your payment with your tests\*\*\*\*\***

**Payment confirmation # (from payment receipt) \_\_\_\_\_ . Samples can not be processed without the number unless prior arrangements were made for billing.**

**OPTIONAL:** The following information may help us learn more about the disease in the future. Please tell us if this dog is a direct relative to a dog with Arrhythmogenic Right Ventricular Cardiomyopathy please describe the relationship \_\_\_\_\_

Date of Last Holter \_\_\_\_\_ Number of Ventricular Premature Complexes.