PRIOR TO CHEEK SWAB COLLECTION:

- Complete owner information below and dog(s) information on the other side of this sheet.
- Pet eating, drinking and contact with other pets/animals should be minimized prior to sampling.
- **If swabs other than those provided by GenSol are returned for testing, they will NOT be processed.**

**PLEASE FOLLOW DIRECTIONS CAREFULLY:**

1. Open and remove swab from small paper envelope.
2. Collect the sample by rolling the soft end of the swab firmly on the inside of the pet’s cheek, approximately 10 times on each side of the inside of the mouth.
3. Air dry the swab for 20 minutes at room temperature in a location where it will not come into contact with other pets. Do not place the swab in the refrigerator. Sample should remain at room temperature at all times prior to mailing.
4. After drying, replace the swab in the small paper envelope and seal it with the enclosed ID sticker. Write the sticker SAMPLE # and date in the corresponding box on sample sheet. **Swabs returned without ID stickers will NOT be processed.**
5. Deposit the sealed swab and this completed form in the pre-addressed postage-paid envelope and place in the mail within 48 hours for return to GenSol Diagnostics. Questions? Call 1-844-369-3686 (within the United States) or 706-782-1327 (outside the United States).

**International and Multiple Return Mailing Instructions:** International and multiple return shipments require return postage. Please return to: GenSol Diagnostics, 125 North Main Street Unit 1846, Clayton, GA 30525 USA

**OWNER INFORMATION - Results provided to email listed below. If omitted, owner info defaults to order.**

Owner’s Name for Certificate (print): ___________________________________________

Owner’s Signature*:  __________________________________________________________

Owner’s Phone: ______________________________________________________________

Owner’s Email: ______________________________________________________________

Who Purchased this test *(if different from above)*? ______________________________

* Owner’s signature hereby certifies that the pet(s) listed is/are the same pet(s) whose samples(is) is/are labeled and submitted and that all information is accurate. All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Owner’s signature certifies acceptance that only test results will be provided with no indication or guarantee of pet disease state or condition.

**GenSol warrants its test results to be accurate for the sample obtained from this dog alone, as identified by the information given 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 GENSOl BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.**

Please consult a licensed veterinarian to discuss the implications of the test results.

125 North Main Street Unit 1846, Clayton, GA 30525  •  1-844-369-3686  •  info@GensolDx.com

WWW.GENSOLDX.COM
PLEASE FILL OUT THE INFORMATION BELOW AND DO NOT CUT SHEET.
SELECT ONE TEST PER SWAB. INCOMPLETE INFORMATION WILL DELAY PROCESSING.

Pet’s Name**: __________________________________
Pet’s Breed: ___________________________________
Pet ID # (AKC etc.): _____________________________

Test requested: (circle ONE test per swab)

Disease:
BCG  BFJE  BNAT  CDDY-IVDD  CDPA  CEA  CFVII  CKCSID  CMR1  CMR2  CN  CNM  CT-LAB-A  CT-LAB-B  CYS  DCM1  DCM2  DM  EF  EIC  GR-PRA2  HC  HNPK  HU  ICT-A  LAD  LP  MDR1  NAD  NE  PAP-PRA1  PFK  PH  PLL  PKD-BEA  PKD-LAB  PKD-PUG  PRA-CORD1-CRD4  PRA-D  PRA-PRCD  PRA-RCD1  PRA-RCD3  SOD1B  T-LOCUS  TNS  VWD1  VWD2  VWD3-KOOK  VWD3-SCOT  VWD3-SHET  Coat/Color:  A-A  A-AT  A-AY  B-LOCUS  CURL  D-LOCUS  E-LOCUS  FURN-IC-LOCUS  K-KB-LOCUS  LENGTH  M-LOCUS  S-LOCUS

SAMPLE #:
Collection Date:

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Pet’s Name**: __________________________________
Pet’s Breed: ___________________________________
Pet ID # (AKC etc.): _____________________________

Test requested: (circle ONE test per swab)

Disease:
BCG  BFJE  BNAT  CDDY-IVDD  CDPA  CEA  CFVII  CKCSID  CMR1  CMR2  CN  CNM  CT-LAB-A  CT-LAB-B  CYS  DCM1  DCM2  DM  EF  EIC  GR-PRA2  HC  HNPK  HU  ICT-A  LAD  LP  MDR1  NAD  NE  PAP-PRA1  PFK  PH  PLL  PKD-BEA  PKD-LAB  PKD-PUG  PRA-CORD1-CRD4  PRA-D  PRA-PRCD  PRA-RCD1  PRA-RCD3  SOD1B  T-LOCUS  TNS  VWD1  VWD2  VWD3-KOOK  VWD3-SCOT  VWD3-SHET  Coat/Color:  A-A  A-AT  A-AY  B-LOCUS  CURL  D-LOCUS  E-LOCUS  FURN-IC-LOCUS  K-KB-LOCUS  LENGTH  M-LOCUS  S-LOCUS

SAMPLE #:
Collection Date:

---

Pet’s Name**: __________________________________
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Test requested: (circle ONE test per swab)

Disease:
BCG  BFJE  BNAT  CDDY-IVDD  CDPA  CEA  CFVII  CKCSID  CMR1  CMR2  CN  CNM  CT-LAB-A  CT-LAB-B  CYS  DCM1  DCM2  DM  EF  EIC  GR-PRA2  HC  HNPK  HU  ICT-A  LAD  LP  MDR1  NAD  NE  PAP-PRA1  PFK  PH  PLL  PKD-BEA  PKD-LAB  PKD-PUG  PRA-CORD1-CRD4  PRA-D  PRA-PRCD  PRA-RCD1  PRA-RCD3  SOD1B  T-LOCUS  TNS  VWD1  VWD2  VWD3-KOOK  VWD3-SCOT  VWD3-SHET  Coat/Color:  A-A  A-AT  A-AY  B-LOCUS  CURL  D-LOCUS  E-LOCUS  FURN-IC-LOCUS  K-KB-LOCUS  LENGTH  M-LOCUS  S-LOCUS

SAMPLE #:
Collection Date: