

## Application for Gene Test

**Neurogenetics Laboratory**  
**NYU Medical Center**  
**Phone: 212 263-2943**

Neurogenetics Laboratory  
Attn.: Dr. Bai Jin Zeng  
NYU Medical Center  
400 East 34th Street (room RR210)  
New York, NY 10016

### Portuguese Water Dog – GM1 Storage Disease

#### CANINE GANGLIOSIDOSIS TESTING PROGRAM

Fees:

\$120.00 each sample for 5 or less samples submitted in one shipment.

\$ 98.00 each sample for 6 or more samples submitted in one shipment.

Make checks payable to NYU Department of Neurology

Amount Enclosed: \_\_\_\_\_

Name on Kit: \_\_\_\_\_

Registered Name of Dog:

\_\_\_\_\_

Sex: \_\_\_\_\_

AKC# (or other#): \_\_\_\_\_

Microchip or Tattoo #: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby certify that I am the recorded owner of this dog and that all information provided is true and correct to best of my knowledge. I know that the results of the test will be reported to the database maintained by the PWDCA and entered into the CHIC database of the OFA.

Owner's signature:

\_\_\_\_\_

Attach Photocopy of AKC or CKC Registration Papers Here (DO NOT SEND ORIGINAL)