

UNIVERSITY OF CALIFORNIA, DAVIS

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CANINE MUSLADIN-LUEKE SYNDROME REPORT

LIANA HUYSKENS KOLKSTRAAT 55 9120 VRASENE BELGIUM	Case: DDT3461 Date Received: 23-Dec-2011 Report Date: 05-Jan-2012 Report ID: 8777-4804-4847-4044
Name: GALLAMONT LIFE OF THE PARTY YOB: 04 Breed: BE Sex: F Microchip: 981100002640899	Reg: AKCSB HP 10096301
Sire: DARAGOJ CRYSTAL RAIN Dam: LANBUR GET THIS PARTY STARTED	Reg: HP 04528901 Reg: HP 00202502

Musladin-Lueke Syndrome

N/N

Result Codes:

- N/N:** Normal. The dog does not have the MLS gene.
- N/MLS:** Carrier. The dog carries one copy of the MLS gene.
- MLS/MLS:** Affected. The dog has two copies of the MLS gene.

Orthopedic Foundation for Animals (OFA)

Please consider registering your results. For more information, see www.offa.org.

To register: 1. Copy this page. 2. Fill out and sign form below. 3. Mail or FAX with payment to:
Orthopedic Foundation for Animals, 2300 E. Nifong Blvd., Columbia, MO 65201-3806
 Phone: (573) 442-0418 Fax: (573) 875-5073

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain, and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative _____

The submission fee for an unaffected dog is \$7.50. Affected dogs at any age are no charge. Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

 Visa/Mastercard number Name on card Exp Date CVV (security code)