

# Feline Hypertrophic Cardiomyopathy Request Form

<http://www.ncstatevets.org/genetics/>



Send this form and the swabs **or** an EDTA blood tube to:

**Veterinary Cardiac Genetics Lab**  
NCSU CVM  
1060 William Moore Drive, Room 228  
Raleigh, NC 27607

To request swab collection kits, please email [vcgl@lists.ncsu.edu](mailto:vcgl@lists.ncsu.edu) or call **919-513-3314** and provide:

- the breed you are testing
- how many animals you are testing
- your mailing address

**If you are sending SWABS:** Let the two (2 per cat) swabs air dry in a clean place for a few hours or overnight if possible after swabbing the animal's cheek. Carefully return the swabs back into the package sleeve. **Important:** please remember to label the paper backing of each swab package with the cat'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.

**If you are sending BLOOD:** Provide a labeled EDTA tube with 1-3 mls of blood (double package to prevent spillage). The blood can be shipped at room temperature. The DNA is very stable and does not require refrigeration for our purposes.

*Additional forms can be downloaded from the website.*

**Choose test:**  Maine Coon Mutation  Ragdoll Mutation  Both tests

Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender : F  FS  M  MC  Birth date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Business Name (if breeder or veterinarian): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ CFA #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Email (results will be sent by email, please print clearly):** \_\_\_\_\_

**Payment information: All tests are now \$35.00/test** (Both tests for \$60).

**If paying by credit card:** Please use our easy campus credit card web site:

<http://controller.ofb.ncsu.edu/cash-services/non-student-credit-card-payments/>

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**

Payment Amount – price of test (i.e. \$51.00 if testing only one dog, \$102.00 if testing two dogs, etc.)

\*please print out confirmation page and send in with samples or provide payment confirmation number here:

**Online Payment confirmation #:** \_\_\_\_\_

**If paying by check:** please make checks out to "NCSU-Cardiac Genetics". Checks can be sent in with samples.

**\*\*\*If you are not seeing results in your inbox, please check your spam folder. Many email providers automatically file our official results emails in the spam folder. \*\*\***

**OPTIONAL:** The following information may help us learn more about the disease in the future. Please tell us if this cat is a direct relative to a cat with Hypertrophic Cardiomyopathy and /or a cat that has been tested for this mutation. Please describe the relationship \_\_\_\_\_

Date of Last Echocardiogram: \_\_\_\_\_  normal  equivocal  diagnosed with HCM

\*Please attach copy of last echo report if possible\*