

Histiocytic Sarcoma: Printable OptiGen Order Form

This form is for submitting a test request to OptiGen for Antagene's Histiocytic Sarcoma Pre-Test. (Alternatively, you may place this order [online](#) and receive a 5% price discount.) Please review [OptiGen's webpage](#) for important information about the Histiocytic Sarcoma Pre-Test including additional forms that are required for submitting samples for this test.

Breed: **Bernese Mountain Dog**

Test(s) Requested: Antagene's **Histiocytic Sarcoma Pre-Test**

DOG IDENTIFICATION (Indicate "N/A" if question not applicable)

Call Name: _____

Registered Name: _____

Registration #: _____

Birthdate: ___/___/___ (mon/day/yr) Sex: ___ Female ___ Male

Registered Name of Sire: _____

Registered Number of Sire: _____

Registered Name of Dam: _____

Registered Number of Dam: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Email: _____

Co-Owner(s): _____

Veterinarian: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Email: _____

All reports for the Histiocytic Sarcoma Pre-Test will be issued to the owner via email from Antagene. Typical turnaround time for the test result is 3-4 weeks after the sample is received at OptiGen.

Limited Warranty and Disclaimer:

OptiGen warrants its tests to be accurate for the sample obtained from this dog alone, as identified by the information 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 OPTIGEN BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within 2 years of the report of the test results.

Certification and Signatures:

The undersigned hereby certifies that the dog described above is the same dog whose permanent ID (if available) is stated above, whose sample is submitted and labeled with this name and whose information is given on this form, and that all information is accurate to the best of my knowledge. I understand that additional samples may be required to complete this test. I understand that cheek swab samples are a less reliable source of DNA and a fee may be charged for repeated trials on additional cheek swabs in the case of a test failure.

All samples submitted to OptiGen become the property of OptiGen and may be used for internal quality control and/or research purposes.

I accept all conditions stated in this multi-page form.

Dog's Call Name: _____
Chip/Tattoo: _____
Owner's Signature: _____
Owner's Name (PRINT): _____
Sample Certified by: ___ Vet/Tech ___ Witness Date Collected: _____
Signature: _____
Print Name: _____
Hospital/Clinic (if applicable): _____
Address: _____

Payment of Fees (no foreign currency or cheques please)

Total due: **\$200.00**

How will you be paying?

___ Check or Money order in US dollars payable to OptiGen, LLC is enclosed

___ VISA ___ MasterCard

Credit Card Number: _____

Expiration Date: _____ (Month/Year)

Name on Card: _____

Signature: _____