

BRAF Mutation Hotspot Test (First-visit)_Request form

Chart No.		Name of animal		Guardian Name	
Species	Canine	Breed		Sex	M / NM F / SF
Age		Date of sample collection		Date of test request	
Hospital	Name :				
	Address :				
	Tel No. :				
	Email :				
Veterinarian	Name :				
	Mobile phone :				
	Email :				
Sample (v mark)	<input type="checkbox"/> Tissue		<input type="checkbox"/> Urine (<input type="checkbox"/> Pre-op <input type="checkbox"/> Post-op)		<input type="checkbox"/> Blood (<input type="checkbox"/> Pre-op <input type="checkbox"/> Post-op)
	Collection time: MM-DD HH:MM (AM/PM)		Collection time: MM-DD HH:MM (AM/PM)		Blood collection time: MM-DD HH:MM (AM/PM)

Current diagnosis	
Differential diagnosis	
History and clinical symptoms related to the lesion (v mark)	<input type="checkbox"/> Stranguria <input type="checkbox"/> Pollakiuria <input type="checkbox"/> Pyuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Urinary tract infection
Administered drugs / treatment history / surgery	
Notes	Vet's comments :

Precautions when requesting test

1. Use sterile technique for tissue collection and processing.
2. For blood, please collect at least 1 ml (3 ml recommended) of whole blood in an EDTA tube for blood sample, and for urine, request more than 15 ml (20 ml recommended).
3. Please deliver them as soon as possible after blood and urine collection, and keep them refrigerated until shipment.

How to send sample

1. Seal the tube containing the sample, put it in a Styrofoam box containing an ice pack, pack it in a shipping box for refrigerated transportation, and send it by international mail (airmail).

* Preferred international mails are DHL, FedEx and EMS, and airmail should be used.

**Address: (05029) #417 PetOncoCare, College of Veterinary Medicine, Konkuk University,
120 Neungdong-ro, Gwangjin-gu, Seoul, Republic of Korea**

Precautions when requesting test (for guardian)

* As a guardian, I have listened to and fully understand the detailed explanation of the test, and agree to the use of test results and remaining samples for research purposes.

DD / MM / YYYY : _____ Guardian _____(Signature)

Veterinarian _____(Signature)



(주)펫온코케어
PetOncoCare
Lab for Veterinary Cancer Care