



**ANIMAL HEALTH TRUST**  
Registered Charity No 209642

Genetic Services  
Animal Health Trust  
Lanwades Park  
Kentford  
Newmarket  
Suffolk CB8 7UU  
Tel +44 (0)1638 555621  
Fax +44 (0)1638 555666

**REQUEST FOR DNA TESTING**

K.C. Registered Name of Dog: .....

KC. Registered Number of Dog: .....

Microchip /Tattoo Number: .....

Breed: **STAFFORDSHIRE BULL TERRIER** Colour.....

Sex: ..... Date of Birth: .....

Disease(s) to be tested for: \* **L-2-HYDROXYGLUTARIC ACIDURIA (L-2-HGA)**  
\*Delete as appropriate \* **HEREDITARY CATARACT (HC)**

Owner's Name and Address (block letters):.....

.....

Tel:.....Fax:.....e-mail.....

I hereby declare that the sample submitted for testing is from the dog described above.  
I accept that the sample becomes the property of the Animal Health Trust and may be used in future research programmes.  
For UK registered dogs, results may be sent to the Kennel Club and published as part of a Kennel Club scheme.  
For samples from Czech Republic, results will be sent to the Staffordshire Bull Terrier Club CZ and may be published by them.  
For samples from Spain, results will be sent to the Club Espanol del Staffordshire Bull Terrier and may be published by them.  
Results will be issued as soon as they are ready – not by telephone but by email and post only as completed on the test request form  
All sections above must be completed. Deletion of any statement invalidates the form.  
By signing below you agree with and accept the Trust's Terms and Conditions of Business

Signed:.....(owner/agent) Date: .....

**INSTRUCTIONS FOR SAMPLE COLLECTION BY THE OWNER'S VETERINARY SURGEON**

If possible, check the microchip / tattoo number of the dog. Sample: 3mls of whole blood in EDTA tube **or** cheek swabs (swab kits available free of charge from the address below or e-mail [swab.request@ah.org.uk](mailto:swab.request@ah.org.uk) )

Please [click here](#) to view detailed instructions for taking mouth swabs.

If copy of result to be sent to vet practice/lab – please mark box

Signed:..... (Veterinary surgeon) Print Practice Name and Address .....

Print Name ..... (Veterinary surgeon) .....

Date: ..... .....

**PAYMENT**

- Payment required is GB£67.00 L2HGA test only **or** GB£70 for HC test only (both inclusive of VAT)  
**Or** GB£115-00 for both tests together (inclusive of VAT)
- Samples coming from outside the European Union are free of VAT.
- Cheques should be made payable to the 'Animal Health Trust'

Price effective from 1 January 2010

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Send samples to: **Genetic Services  
Animal Health Trust  
Lanwades Park  
Kentford  
Newmarket  
Suffolk, CB8 7UU  
United Kingdom**

From UK by 1<sup>st</sup> class

From outside UK by air mail

# Terms and Conditions of Business

## **1 Services to be performed and charges**

1.1 Subject to these terms and conditions, the Animal Health Trust ("the Trust") shall perform such services and carry out such works ("Services") as are expressly agreed between the Trust and the Client (which expression shall mean and include the owner of an animal, the owner's veterinary surgeon or other agent, together and singly where the context requires, or any other person with whom the Trust agrees to provide Services as the case may be).

1.2 The Trust will charge the Client at the rates specified in the Price List (see 1.6 below) unless otherwise agreed.

## **2 Payment**

2.1 Itemised invoices will normally be produced and rendered by the Trust to the Client. Invoices presented to the Client in person immediately on completion of a Service shall be paid in full by the Client on presentation. Other invoices shall be paid in full by the Client within 30 days of receipt of the invoice.

2.2 Interest may be charged on any amount remaining unpaid 30 days after the payment date. Interest will run at 2 per centum above the base rate of National Westminster Bank PLC from time to time.

## **3 Rights to sub-contract and employ agents**

The Trust may employ any person, company or firm as its agent or sub-contractor to perform all or any of its obligations or duties under this agreement.

## **4 Liability**

4.1 The Client will defend, indemnify and hold harmless the AHT from and against any and all claims, demands, suits or liability arising from the negligence or intentional misconduct of the Client, its agents or employees, or the breach by the Client of any of the warranties or other terms and conditions of this Agreement. This indemnity by the Client shall not apply where the cause, in whole or in part, on any such liability, loss or expense is the intentional misconduct or negligence of the AHT.

4.2 The AHT will use its best endeavours to carry out the services efficiently, with all reasonable care and to a professional standard and it shall provide suitably qualified and trained employees to carry out the services. However, the Trust cannot be held responsible for any errors arising from inaccuracies contained in database information, that is utilized in providing the services.

4.3 The liability of the Trust for loss or damage whether in contract tort or otherwise shall in no circumstances whatsoever exceed an amount equal to the charges payable to the Trust in respect of the treatment, examination, test(s) or goods in respect of which claim is made against the Trust or the sum of £2,500, whichever is the greater.

## **5 Force Majeure**

5.1 If either party is unable to fulfil its obligations under this Agreement as a result of a force majeure event, such party shall notify the other party in writing and use reasonable efforts to overcome the difficulties arising from the force majeure event but shall not be liable for any delay or failure caused by such event of force majeure.

5.2 For purposes of this Agreement, the term "force majeure" means any event beyond the reasonable control of any of the parties, including, but not limited to, interference by any government department or any competent authority of any country, any strikes, lockouts or trade disputes (other than those involving a party or their employees), fire, explosion, flood, civil disturbance, national calamity or any other act of God.

5.3 If extra work or waiting time is caused, or extra expenses are incurred by reason of any event of force majeure, such extra work or waiting time will be charged to and paid by the Client at the applicable rates and such extra expenses reimbursed to the AHT by the Client.

## **6 Price List**

6.1 A current Price List is available on request from the Trust's premises.

6.2 The Trust has the right to review the Price list from time to time.

## **7 Exclusion of other terms**

These terms and conditions shall prevail notwithstanding any printed or other terms and conditions contained in any order, acceptance of estimate, confirmation of contract or otherwise brought to the Trust's notice.



# Animal Health Trust

## Acceptable Methods of Payment

Please find below and over details of methods of payment which can be accepted by the Animal Health Trust:-

**CHEQUES** – made payable to **Animal Health Trust**  
- can be accepted in GB£ STERLING, US\$ DOLLARS, €EUROS

**BANK DRAFT** – can be accepted in GB£ STERLING

**BANK TRANSFERS** - please contact [dnatesting@aht.org.uk](mailto:dnatesting@aht.org.uk) for details

# Animal Health Trust

## Acceptable Methods of Payment

Please find below and over details a methods of payment which can be accepted by the Animal Health Trust:-

**CARDS - ALL MAJOR CREDIT CARDS – VISA, MASTERCARD, AMERICAN EXPRESS,  
- DEBIT, SOLO, MAESTRO**

Name as shown on card :.....

Address card registered to:.....

.....

.....

Date: .....

Client Card Type:    Visa        Mastercard        Debit        Maestro        Solo        American Express

Card Number:    \_ \_ \_ \_        \_ \_ \_ \_        \_ \_ \_ \_        \_ \_ \_ \_

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Expiry Date:        \_ \_        /        \_ \_

Valid from date:    \_ \_        /        \_ \_

Issue Number:        \_ \_ \_        (where applicable)

Client Authorisation code:        \_ \_ \_        (last 3 digits on back of card)

**Value of payment:** ..... (Payments will be processed in the next 7 working days following receipt of samples)

**Email Address:** .....

**Day time Telephone number**.....

**Receipt required    Yes / No**

**Name of Dog (s)** .....

**And / or swab kit number(s)**.....  
**(if applicable)**

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### Clients Paying for Canine Genetic Tests by Card From Countries Outside the UK

We would like to draw your attention to a problem that has arisen. We are finding that the majority of card companies are declining to authorise payments to the Animal Health Trust, as we are based in a country other than that of the card holder (it appears they believe it may be a fraudulent transaction as it is an overseas transaction).

We therefore ask that you to advise your card company that you have arranged to pay the Animal Health Trust, based in England, using your card.