UNIVERSITY OF CALIFORNIA, DAVIS

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VETERINARY GENETICS LABORATORY
SCHOOL OF VETERINARY MEDICINE
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8744

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BEAGLE GENETIC TEST REPORT

ANNE THYGESEN
NEDERGAARDSVEJ 10
VESTER LOEVE
4270 HOENG
DENMARK

Case: **NCD70446**
Date Received: 16-Nov-2017
Print Date: 30-Nov-2017
Report ID: 2884-8457-3887-8186
Verify report at www.vgl.ucdavis.edu/myvgl/verify.html

Name: **FREE STRIDE'S PUMPKINS O LEMON DROP** *Reg:* **DK12194/2015**

DOB: **06/05/2015** *Sex:* **Female** *Breed:* **Beagle** *Microchip:* **208250000064985** *Color:* **Bicolor**

Sire: OB-LA-DI'S FERDINAND VON ZEPPELIN *Reg:* DK21724/2009
Dam: FREE STRIDE'S WALTZING PUMPKIN *Reg:* DK21724/2009

MLS	**N/N**	Normal. The dog does not have the MLS gene.
NCCD	**N/N**	Normal, no copies of the NCCD mutation.
Factor VII	**N/FVII**	Carrier, 1 copy of the Factor VII deficiency mutation is present. If carriers are bred together, 25% of offspring are expected to be affected.
IGS	**N/N**	No copies of the IGS mutation; dog is normal.
POAG	**N/N**	Normal - no copies of the POAG mutation.
PK Deficiency	**N/N**	No copies of the PKDef mutation; dog is normal.

For more detailed information on Beagle Genetic test results, please go to:
www.vgl.ucdavis.edu/services/MLS.php

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) _____