



VETERINARY MEDICAL TEACHING HOSPITAL

**NEUROMUSCULAR DISEASE LABORATORY
VETERINARY MEDICAL TEACHING HOSPITAL**

Date:

MALIGNANT HYPERTHERMIA (MH) REPORT

Acc. No.:

Address:

Clinician:

Address:

Date received:

Patient:

Breed:

Sex:

Owner:

Tel:

Fax:

E-mail:

Practice:

Tel:

Fax:

E-mail:

Tissue:

VMTH No.:

Registration:

Age:

Submission instructions: 1) Pull 20-30 hairs with follicles (DNA) from the mane or tail, 2) Place in a plastic bag and envelope with your information, 3) Fill in this form as completely as possible, and 4) Include pedigree if available. Cost of testing is \$65.00. Results will be available within 7 days. Your information and results are confidential.

Please describe clinical signs (if any) and results of serum muscle enzymes if available.

Results:

_____ indicates that the horse is _____ for the ryanodine receptor 1 gene mutation that causes malignant hyperthermia in the horse. For further information contact mraleman@ucdavis.edu.

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