

Blood (or Tissue, Semen) Sample Submission Instructions for DNA Testing

University of Missouri Canine Genetics Laboratory

Blood Sample Collection - The ideal sample for DNA extraction is 3 to 7cc's of whole blood, in **purple-topped (EDTA)** tubes (one or several, depending on tube size). For very small dogs, 1 to 2 ccs should be sufficient. Please do not send less than 1 cc. The blood sample needs only to be put in the tubes and rocked gently a few times to distribute the anticoagulant - do **not** spin, extract serum, or do anything further. Refrigerate if the sample is being held for any time before shipping, but do not hold the sample longer than 1 week before shipping or it may become unusable.

Tissue or Semen Samples – Please contact us via email for instructions if you will be submitting a tissue or semen sample for DNA testing.

Label sample with the following:
call name - owner's last name

For each dog, the 2 page **DNA Testing Form** that follows this instruction sheet should be completed and included with the sample. Please also include a **pedigree copy**, if available.

The TESTING FEE is \$65 for one test. For two or more tests on the same sample, the fee is \$50 per test. If you are paying by check, please enclose a check with the samples or mail it to us separately with a copy of the DNA Testing Form.

For payment via credit card, we will contact you with payment instructions once we receive the sample(s).

The delivery address for DNA testing samples and mail is:

Canine Genetics Laboratory
320 Connaway Hall / 1500 Bouchelle Ave
University of Missouri
Columbia, MO 65211

All testing results are confidential and only shared with those designated by the dog's owner. Pedigree and health information is for internal research purposes only.

If you need clarification, or have any questions about any of these procedures, please contact us by phone (573-884-3712) or email mucvmk9genetics@missouri.edu

UMC CANINE DNA TEST REQUEST

Breed: _____ Sample Type (circle one): Blood, Tissue, Semen
 Registered Name _____ Call name _____
 Reg# _____ Birth Date _____ Male / Female - - Intact / Neutered
 Microchip or Tattoo: _____ Color _____
 Case number (we will complete): _____

Owner: name _____ Veterinarian _____
 address _____
 city-st-zip _____
 phone (day) _____
 phone (eve) _____
 cell _____ Phone _____
 e-mail _____ e-mail _____

Results are reported via email with certificate attached – please provide complete, legible email address!!

Report test results to (please circle): Owner Veterinarian Both

Has this dog been diagnosed as likely to be affected with the disease(s) being tested for? Yes No

Does this dog exhibit any symptoms of the disease(s) being tested for? Yes No

If Yes, please list disease and observed symptoms _____

Have any relatives of this dog been diagnosed as AFFECTED with this disease? Yes No Don't Know

If Yes, what relative(s)? Sire Dam Sibling Grandparent other _____

Have any relatives of this dog been DNA-tested as a CARRIER for the disease? Yes No Don't Know

If Yes, what relative(s)? Sire Dam Sibling Grandparent other _____

Has this dog been diagnosed with, or does it show symptoms of any other disease, abnormality, or temperament issue? (Please list) _____

Other Comments / Questions / Concerns? _____

Continue to Page 2

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

Y - N Allergies	Y - N Digestive difficulties
Y - N Arthritis	Y - N Heart Problems
Y - N Autoimmune Disorders	Y - N Vision Problems (other than cataracts)
Y - N Bite or Tooth Abnormalities	Y - N Reproductive Problems
Y - N Glaucoma	Y - N Seizures
Y - N Cataracts	Y - N Skin / Coat Problems
Y - N Deafness / Hearing Impaired	Y - N Skeletal Abnormalities (Hip Dysplasia, etc.)
Y - N Impaired coordination (ataxic)	Y - N Temperament Problems (shy, aggressive, etc.)

other (please list): _____

Testing done on this dog:

OFA/PennHip	Y - N	age at test: _____	result: _____	# _____
CERF	Y - N	age last tested: _____	result: _____	# _____
Thyroid	Y - N	age last tested: _____	result: _____	

Date of most recent ophthalmology exam (if any): Date: _____ or None: _____

other (please list): _____

ATTACH PEDIGREE COPY TO THIS FORM IF AVAILABLE

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.
- I will / will not consider donation of a tissue sample upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

Please select which test(s) you would like us to perform from the list on our website (<https://cvm.missouri.edu/research/canine-genetics-laboratory/canine-genetics-laboratory-testing/dna-tests-by-disease/>) and enter the test and breed name(s) here:

_____	_____
_____	_____
_____	_____

I submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email, and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____