

SAMPLE HANDLING

For Canine DNA Research at the University of Missouri

Blood Sample - The ideal sample for DNA extraction is 5 to 10cc's of whole blood, in **purple-topped (EDTA)** tubes (one or several, depending on tube size). For very small dogs, 3ccs should be sufficient. More volume will yield more DNA, so in this situation, a larger sample is appreciated. 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.

Frozen Semen - Frozen semen stored from deceased sires or affected dogs can be a source of DNA for testing. Please send 2 straws or 10+ pellets. They do not need to be shipped frozen, but do pack them in a crush-proof & leak-proof container. Special handling fee is \$40 for this sample, in addition to the regular testing fee.

Tissue Sample - DNA can be extracted from any cell-rich tissue. If a dog is to be tested post-mortem, a 1" cube (or equivalent) of tongue, other muscle, spleen, kidney, or liver will provide a large amount of DNA (one tissue is sufficient – do not send multiple tissues). Tissue samples should be placed in a clearly labeled freezer bag or other sterile container and frozen. **DO NOT place in formalin!** Place the bagged tissue inside another bag, freeze, and ship with a frozen cool pack (do not use dry ice, or ice cubes placed in a ziplock bag). If this is the only sample (no blood sample available), add special handling fee of \$40 to regular testing fee.

Label sample with the following:

call name - owner's last name

(If samples from several dogs are sent together, number samples and forms)

The ***Individual Dog Information Form & Survey*** that follow this instruction sheet should be completed, and a ***pedigree copy***, if available, should be included with the sample. If no pedigree information is available, please indicate this on the survey page. ***PLEASE take the time*** to complete the survey form – this information is very important for the ongoing research.

Include TESTING FEE of \$50 for dogs with clinical signs of WPxD, **\$65** for dogs with no clinical signs of WPxD; check or money order payable to "University of Missouri". Credit cards can be accepted also. **NOTE: Dogs with clinical signs will be tested at no charge thru 12/31/2014**

Shipping - Ideally the sample should be shipped immediately (with a tissue sample make certain it is completely frozen first). If samples are held for a day or over a weekend, blood must be refrigerated, and tissue samples must be kept frozen. Ship via overnight delivery (FedEx, US Mail-Express service, or UPS). ***Do not send on a Friday*** - there will not be anyone to accept the delivery on a weekend, and the sample could be unusable by Monday. Pack in a small insulated container (most vets have these for shipping samples to labs), with one or more cool packs - it is important that blood samples be kept cool but not frozen, and tissue samples be kept as frozen as possible.

The delivery address is;

Dr. Gary Johnson - WPxD Testing
320 Connaway Hall
University of Missouri
Columbia, MO 65211

(NOTE: if UPS does not recognize 320 Connaway as a valid address, use 201 Connaway)

If you need clarification, or have any questions about any of these procedures, please contact Liz Hansen by phone (573-884-3712), email (HansenL@missouri.edu), or regular mail (321 Connaway Hall, University of Missouri, Columbia, MO 65211).

UMC WPxD DNA TESTING & RESEARCH

Blood – Tissue – FTA-swab – semen - other _____

Breed: Soft Coated Wheaten Terrier

Registered Name _____

Call name _____

Reg# _____ Birth Date _____

Male / Female - - Intact / Neutered

Microchip or Tattoo: _____

Color _____

Test Being Requested: WPxD – Wheaten Paroxysmal Dyskinesia

Owner: name _____

Veterinarian _____

address _____

address _____

city-st-zip _____

city-st-zip _____

phone (day) _____

phone _____

phone (eve) _____

cell _____

Fax _____

EMAIL _____

EMAIL _____

******Results are reported via email – please provide complete, legible email address!******

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

PAYMENT INFORMATION: Check or money order payable to “University of Missouri” enclosed

OR Charge to VISA-MasterCard-Discover Card# _____

Cardholder name: _____ Exp Date: _____

FEES: Clinical signs of WPxD present, fee=\$50; Clinically normal, fee=\$65; frozen semen or tissue, + \$40

NOTE: Dogs with clinical signs are NO CHARGE thru 12/31/2014

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 Hernia (where? _____)

Y - N Bite or Tooth Abnormalities

Y - N Reproductive Problems

Y - N Cancer / Tumors

Y - N Seizures

Y - N Cataracts / Vision Problems

Y - N Skin / Coat Problems

Y - N Deafness / Hearing Impaired

Y - N Skeletal Abnormalities (Hip Dysplasia, etc.)

Y - N Hindlimb weakness/paralysis

Y - N Temperament Problems (shy, aggressive, etc.)

other (please list):

Comments / Questions / Concerns? _____

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 or FAX; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____

date _____