UMC CANINE DNA TESTING for ESS

Blood – Tissue – FTA card – brush-other _____ Breed: **English Springer Spaniel**

Registered Name _____ Call name _____

Reg# _____ Birth Date _____ Male / Female - - Intact / Altered

Microchip or Tattoo: _____ Color _____

Test Being Requested (please circle)

PRA – Progressive Retinal Atrophy-CORD1 form

PRA-SAG – Progressive Retinal Atrophy – SAG form

DM – Degenerative Myelopathy

DAMS – Dyserythropoietic Anemia & Myopathy Syndrome

PFK – Phosphofructokinase Deficiency

CDPA - Chrondrodysplasia

GSD – Glycogen storage disease

IVDD – Intervertebral disc disease

Owner: name _____ Veterinarian _____

address _____ address _____

city- st-zip _____ city-st-zip _____

phone _____ phone _____

cell _____ _____

EMAIL _____ **EMAIL** _____

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

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

Does this dog exhibit any of the following conditions? (*Please provide details 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; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____

PAYMENT INFORMATION: ☐ Check or money order payable to "University of Missouri" enclosed

OR ☐ Charge credit card via payment portal

Send payment portal instructions to this email: _____

FEE: *$65 for one, $100 for two, $130 for three, $160 for four, $175 for five tests* ***ordered at same time***

frozen semen or tissue, add $40