

## 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](mailto: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? \_\_\_\_\_

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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.) |
| other (please list):              | Y - N Temperament Problems (shy, aggressive, etc.) |

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:

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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 \_\_\_\_\_