



## JDCM Linked Marker DNA Test Submission Form

### Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Co-Owners' Names: \_\_\_\_\_

**Send Additional Report To:** Unsigned, advance report sent by e-mail to:  Veterinarian  Owner

### Veterinarian Information (Provide if an unsigned report is to be sent to your veterinarian, by e-mail only)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Dog Information

Registered Name: \_\_\_\_\_

Call Name: \_\_\_\_\_ Registration #: \_\_\_\_\_  AKC  Other: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ Sex:  Male  Female Tattoo/Chip#: \_\_\_\_\_

Sire's Reg. Name \_\_\_\_\_ Sire's Registration #: \_\_\_\_\_

Dam's Reg. Name \_\_\_\_\_ Dam' Registration #: \_\_\_\_\_

### Sample Information

Date of Sample Collection(mm/dd/yy): \_\_\_\_\_ (Check one)  Blood (purple top tube) OR  Cheek brushes

Reason for Testing:  General Screening  Breeding  Sudden death before 6 months of age

(Check all that Apply)  Relative Known to Be Affected/Give Relationship \_\_\_\_\_

Other \_\_\_\_\_

### Authorization

To the best of my knowledge, the information I have supplied is accurate. I understand that the sample I have submitted may be used for further research to develop additional genetic tests for juvenile dilated cardiomyopathy or other inherited diseases in dogs.

Owner's Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

### Payment Information

Please submit \$240 US dollars for each sample submitted, and check your payment method.

FOR OFFICIAL USE ONLY  
 Transaction Date

Check or Money Order (US only) to: Trustees of the University of Pennsylvania (write "JDCM test" in memo line)

VISA  MasterCard Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

The "JDCM" Linked Marker DNA Test Submission Form" is for submitting a sample for DNA testing to the University of Pennsylvania. Feel Free to duplicate and distribute this form and instructions to others.

*Last updated 11/09/2009*



## Sample Submission Instructions

### **Blood Sample Collection (performed by a veterinary clinician or nurse)**

1. Label EDTA (purple top) tube with owner's last name and animal's name (or AKC#)
2. Draw a 2-5 ml blood sample. (Do not draw more than 10 ml/ kg bodyweight. It is safe to draw 4 ml from a 1 lb/454 g dog.)
3. The blood sample must be kept cold but not frozen.
4. Complete required submission form and mail with sample, along with a copy of the dog's registration.
5. Mail EDTA purple top tube in mailer by **2-day** delivery or regular service if ice packs are included to keep the sample cool. Your veterinarian may have special Styrofoam containers or cardboard mailers to send blood tubes. Please place tubes in a Ziplock™ bag, then in bubble wrap for protection. Avoid collecting and mailing samples late in the week to prevent samples sitting in the mail over the weekend.

### **Cheek (Cytology) Brush Collection**

To receive cytology brushes, send a **self-addressed, stamped, business envelope FOR EACH DOG** to:

Michael Raducha  
Ryan Veterinary Hospital, Rm. 4022  
University of Pennsylvania  
3900 Delancey St.  
Philadelphia, PA 19104-6010

1. Two brushes are needed for each dog tested.
2. **To avoid contamination by food, do not feed the dog for a minimum of three (3) hours before you collect the sample.**
3. Ask a second person to gently restrain the dog's head as you collect the sample, if necessary.
4. **If you are collecting samples from more than one dog, collect samples from one dog at a time, and always wash your hands between dogs.**
5. Wash your hands before you collect the sample.
6. Label the envelopes that contain the cheek swab brushes with the owner's name AND the dog's name.
7. Open the end of the swab package that shows the word, "**peel**", printed on it. Be careful not to touch the brush ends as you remove the swab.
8. Insert the brush ends between the dog's gums and the inside of the cheek. Briskly rub the brush on the surface of the inside of the cheek for **15-20 seconds** to pick up cheek cells. **Make sure that the brush is in contact with the cheek and not just the saliva.**
9. **Allow the brush to air dry, return the brush to its original package, and tape the opened ends shut.**
10. **Repeat steps 3-5 for the other brush.**
11. Secure the brushes in a **separate Ziploc™ bag for each dog.**
12. Complete the required submission form for each dog (printed or typed) and mail with the sample.

**Ship sample(s) to:** Dr. Paula Henthorn / JDCM Test  
Ryan Veterinary Hospital, Rm. 4022  
University of Pennsylvania  
3900 Delancey St.  
Philadelphia PA, 19104-6010  
Phone No. (for FEDEX) 215-898-8894

ALL signed reports are mailed to the owner. Unsigned, advance e-mail reports can be sent to the owner and veterinarian if requested.

**Have you included?**     Signed submission form                       Copy of dog's registration form  
                                  Payment     Blood or two cheek brush samples

*NOTE: Please do NOT submit samples that will arrive on weekends or between Christmas and New Years Day.*