

Lupoid Dermatitis Genotyping 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 Has skin disease/is affected

(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 lupoid dermatosis or other inherited diseases in dogs.

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

Payment Information

Please submit \$75 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 "Lupoid test" in memo line)

VISA MasterCard Credit Card Number: _____ Exp. Date _____

Signature: _____ Name on Card: _____

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:

Ulana Prociuk
Ryan Veterinary Hospital, Rm. 4018
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. Margret Casal / Lupoid Dermatitis Test
Ryan Veterinary Hospital, Rm. 4018
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 (optional)
 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.