

**EPILEPSY DISEASE**  
**"Genetic Basis for Canine Diseases"**  
**Canine Genetic Analysis Project (CGAP)**  
Department of Animal Science, University of California, Davis  
Principal Investigators: Dr. A.M. Oberbauer and Dr. T.R. Famula  
Phone: 530-752-4997, FAX: 530-752-0175  
<http://cgap.ucdavis.edu/>

**Dog/Owner Information** \*Please include a PEDIGREE\*

Dog's Registered Name: \_\_\_\_\_

Call Name: \_\_\_\_\_ AKC Registration #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Coat Color: \_\_\_\_\_ Sex (circle): M / F Intact / Spayed / Neutered

Breed (circle one): Belgian Sheepdog    Belgian Tervuren    Giant Schnauzer    English Mastiff  
                                 Miniature Poodle    Standard Poodle    Toy Poodle

Sire's Name: \_\_\_\_\_ AKC Registration #: \_\_\_\_\_

Dam's Name: \_\_\_\_\_ AKC Registration #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

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

**Disease Information:** Please complete the following information - **use additional pages if necessary.**

Epilepsy (circle): Yes    No    Age at Diagnosis: \_\_\_\_ years \_\_\_\_ months

Seizure Status (circle one): Never seized    Seized once    Seized more than once

Age at First Seizure: \_\_\_\_ years \_\_\_\_ months

1. How was epilepsy diagnosed? Please provide as much detail as you can.
2. Describe in as great of detail as possible a typical seizure (if the progression of seizure frequency and intensity had changed over time, please include details):
3. If the dog is spayed or neutered, was epilepsy diagnosed (circle) **prior to** or **after** spay or neuter?
4. Include any details of known relatives with epilepsy (include registered names if known):
5. General comments regarding animal's health, including other health disorders and diagnoses:
6. Has your dog ever had any type of head trauma? Please explain in detail.
7. List any medications the dog has taken. Please denote if they were given pre or post epilepsy diagnosis.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you agree to donate the excess DNA not used directly in this study to the CHIC DNA repository. If so, download and complete the CHIC DNA forms <http://www.caninehealthinfo.org/dnaapp.pdf> and <http://www.caninehealthinfo.org/CHIC%20DNA%20Bank%20health%20survey.pdf>. Send the CHIC DNA repository application and the health survey along with the CGAP questionnaire and the pedigree with this sample. Note there is no fee associated with CHIC submission when the excess DNA is submitted through CGAP.

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**OWNER CONSENT FORM**

**PURPOSE OF STUDY**

I hereby grant permission for my dog to participate in a study designed to collect DNA from dogs and their relatives to study various diseases including, but not limited to Addison's Disease and Epilepsy, in order to determine the genetic basis for these diseases. This protocol has been approved by the UC Davis Institutional Animal Care and Use Committee (IACUC), Protocol #12457.

**CONSENT FOR PROCEDURE**

I consent to the use of blood samples for this project, and appropriate future projects, and I will provide a pedigree with the sample, provided that neither my animal nor I will be identified in any publications, reports, or presentations.

**RISKS ASSOCIATED WITH PROCEDURE**

The risk involved in drawing blood is minimal. However, I do understand that my dog may experience mild redness or bruising at the collection site. Additionally, the veterinarian I have chosen to do this procedure may clip the hair to facilitate visualization of the vein. The veterinarian who will be performing this procedure is the veterinarian of my choice, and I will not hold the University of California Davis responsible for any complications associated with drawing the blood.

**POTENTIAL BENEFITS**

I understand that there is no guarantee that my dog will benefit from its participation in this study. However, such participation may provide veterinarians and researchers with additional information and a better understanding of canine diseases, which could ultimately influence the course of treatment or genetic testing to help my dog and other animals in the future.

**COSTS TO OWNER**

There is no fee for participating in this study. In the event that DNA from my dog is used in the development of commercially available diagnostic markers, I understand and agree that any proceeds or benefits from such development are the sole and exclusive property of University of California, Davis. I also understand that the University of California will not cover any charges that may be incurred for the drawing of blood or shipment of samples. If this dog's sample is directly used in the development of a genetic test associated with this disorder, upon the owner's written request after the test becomes commercially available, the results of the test for this dog will be provided to the owner at no cost.

**CONFIDENTIALITY**

I understand that any information about my dog, obtained from this study, will be kept confidential.

**AUTHORIZATION**

I hereby donate, assign, and transfer a DNA sample from my dog to CGAP for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of CGAP. I further understand that any distribution of samples to researchers will be in a blind format that maintains the anonymity of the dog and owner identities. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of the DNA sample. I have read and understand the foregoing statements and agree to allow my dog to participate in this study. To the best of my knowledge, the information I have supplied is true and accurate.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Date of Blood Collection

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**SAMPLE SUBMISSION**

Thank you for participating in this study. Please be aware that participation in the study does not necessarily imply that this dog is affected with the disease, nor does it necessarily imply that the dog is at risk of producing puppies affected with this disease. In order to investigate the genetic basis of the disease, it is necessary to obtain DNA samples from unaffected relatives of affected dogs (siblings/littermates, offspring, parents, and grandparents). The blood sample supplied by you will be used to understand the causes of various diseases in dogs and develop genetic approaches to detect carriers to improve breeding decisions.

*We are asking for blood samples from epileptic dogs of any age and from healthy dogs over the age of 7 years.*

**Submitting Blood Samples**

1. Please collect 3-5 cc of whole blood in a single purple-top (EDTA) tube for each dog.
2. Rock tube gently to distribute anticoagulant (do NOT centrifuge).
3. Label each sample with the dog's registered name and the owner's last name.
4. If sample will be shipped within 24 hours, refrigerate until shipped. If sample must be held for greater than 24 hours, freeze the sample after placing the blood tube in a sealable plastic bag (in case the glass tube breaks during freezing).
5. Include the completed questionnaire, pedigree and signed owner consent form. Place completed paperwork in a Ziploc<sup>®</sup> bag to avoid moisture from the ice packs.
6. Ship by overnight delivery. ICE PACKS are required to keep the sample refrigerated. Place sample in a small, insulated container, and include one or more frozen ice packs. Each ice pack must be placed in a Ziploc<sup>®</sup> bag to prevent melting liquid from leaking during shipment. Please be aware that we cannot return shipping containers. **Please write "Refrigerate Upon Arrival" on the outside of the box.**

**Please do not send samples on Friday or Saturday or university holidays.** Samples can not be received on the weekend or holidays. For international submissions, please include the Declaration of Material Shipped form with the samples.

7. Ship to:

Oberbauer Lab  
Canine Genetic Analysis Project  
Department of Animal Science  
University of California  
2251 Meyer Hall  
One Shields Avenue  
Davis, CA 95616-8521  
Phone # (required by FedEx): 530-752-4997

**UNIVERSITY OF CALIFORNIA, DAVIS**



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DEPARTMENT OF ANIMAL SCIENCE  
ONE SHIELDS AVENUE  
DAVIS, CALIFORNIA 95616-8521  
(530) 752-1250 (Animal Science)  
(530) 752-0175 (Fax)

**Declaration of Material Shipped for International Submissions**

To comply with United States Federal Guidelines for the importation of research samples from dogs, please complete the form below and include with the samples upon return. Thank You.

Shipper's Name \_\_\_\_\_

Sample Type (circle):    Buccal Swab    Blood

Species: Canine

I declare that the enclosed sample(s) contain only material derived from dogs and does not contain any other animal derived material (i.e., nothing from livestock or poultry), nor were the dog(s) sampled exposed or inoculated to any infectious agents of agricultural concern.

Signature of Shipper \_\_\_\_\_

Date \_\_\_\_\_