

**"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/>

**Adrenal Gland Donation from Deceased Addisonian Dogs**  
**DOG/OWNER INFORMATION**

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

**\*Please include a PEDIGREE\***

AKC Registration #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

Breed (circle): Bearded Collie Great Dane Leonberger Portuguese Water Dog Standard Poodle Westie

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

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

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

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

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

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

Age at Diagnosis: \_\_\_\_ years \_\_\_\_ months

1. What Addison's disease symptoms prompted you to go to the vet?

2a. What specific test was used to determine the diagnosis of Addison's disease?

2b. Please include copies of medical records pertinent to diagnosis and blood test results at the time of diagnosis. Your veterinarian can fax the information to the Oberbauer Lab, Department of Animal Science 530-752-0175.

3. Was the dog on any type of steroid treatment prior to diagnosis of Addison's disease (circle)? Yes No

4. If the dog was spayed or neutered, was Addison's disease diagnosed (circle) **prior to** or **after** spay or neuter?

5. Include any details of known relatives with Addison's disease (include registered names if known):

6. General comments regarding animal's health. Please include ANY health issues associated with the dog, including hypothyroidism or any other type of autoimmune disorder:

7. List any medications (including steroids) the dog has taken over its lifetime. Please denote if they were given pre or post Addison diagnosis:

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

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

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**Adrenal Gland Donation from Deceased Addisonian Dogs**  
**SAMPLE COLLECTION/SHIPPING INFORMATION**

Please use the following checklist as you prepare the tissue sample for collection and shipping.

**\*\*Please collect both adrenal glands in their entirety from the deceased animal\*\***

**\*\*Ship the tissue to arrive at the university within 24 hours of death via Overnight Express\*\***

\_\_\_ DO NOT FREEZE the tissue prior to shipment.

\_\_\_ Make sure that the tissue sample is double bagged using a heavy duty plastic bag (use a sterile bag if available) that is securely tied or taped.

\_\_\_ Label the bag with the dog's registered name, the owner's last name and the date of collection.

\_\_\_ Ship the sample in a LEAK PROOF container. A Styrofoam shipping box or an "Igloo type" cooler are acceptable containers. Please be aware that we cannot return shipping containers. Please write "Refrigerate Upon Arrival" on the outside of the box.

\_\_\_ Make sure that the tissue sample will not arrive at the university on a weekend or university holiday. Samples can not be received on the weekend or holidays.

\_\_\_ ICE PACKS are required to keep the tissue sample refrigerated. Each ice pack must be placed in a Ziploc<sup>®</sup> bag to prevent melting liquid from leaking during shipment. Only 1-2 ice packs are required; excessive use of ice packs can damage tissues and will significantly increase shipping costs.

\_\_\_ Samples must be shipped with all supporting documentation including 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.

Ship to: (Using Fed Ex/UPS, DHL, etc.). For international submissions, please include the Declaration of Material Shipped form with the samples.

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

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date of Sample Collection

\_\_\_\_\_  
Veterinarian Printed Name

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**Adrenal Gland Donation from Deceased Addisonian Dogs**  
**OWNER CONSENT FORM**

**PURPOSE OF STUDY**

I hereby grant permission for my dog's adrenal tissue to be donated to the UC Davis Canine Genetic Analysis Project to determine the genetic and physiological basis for Addison's disease. 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 tissue 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 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 the procedure.

**POTENTIAL BENEFITS**

Participation in this study 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 dogs 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 sample collection or shipment of samples.

**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 tissue 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 tissue 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 tissue sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of the tissue sample. I have read and understand the foregoing statements and agree 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

**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    Tissue

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 \_\_\_\_\_