

**ADDISON'S 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): 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: \_\_\_\_\_

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

Addison's Disease (circle): Yes No Age at Diagnosis: \_\_\_\_ years \_\_\_\_ months

1. If the dog has Addison's disease, what symptoms prompted you to go to the vet?

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

2b. 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 is 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. Please denote if they were given pre or post Addison 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 #15528.

**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 research 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 Addisonian dogs of any age and from healthy dogs over the age of 7 years. Please collect 3-5 cc of blood in a purple-top tube and 3-5 cc of blood in a red-top tube.*

**Blood Sample Collection and Shipping Procedures**

1. Please collect 3-5 cc of whole blood in a single purple-top (EDTA) tube. Rock the tubes gently (do not centrifuge).
2. Please also collect 3-5 cc of whole blood in a single red-top (Serum) tube. Please centrifuge to separate serum from whole blood components. Send serum only.
3. Label each sample with the dog's registered name and the owner's last name and place the blood collection tubes in a Ziploc<sup>®</sup> plastic bag. Insert 2 folded paper towels into the bag with the tubes and seal the bag securely.
4. Wrap the bag in cushioning wrap (e.g. bubble wrap) and then place it in a sturdy box or tube, packed so that the blood tubes do not move around.
5. Include the completed questionnaire, pedigree and signed owner consent form.
6. The ideal shipping method is to keep the blood sample cold (ice pack) in an insulated, leakproof container and ship priority mail immediately following collection. Refrigeration (for no longer than 5 days) is recommended if the sample will not be shipped on the day that it is collected. *DO NOT freeze the sample at any time.*  
Samples may also be shipped at ambient temperature (no refrigeration necessary) if shipped immediately following collection by Priority Mail or any other 2-3 day service provided that the sample will not arrive on the weekend or a holiday. If you use FedEx, they require the package to be at least 7x4x2 inches in size.

**Please have samples arrive on a Monday, Tuesday, Wednesday or Thursday.** Samples cannot be received on the weekend or holidays. **For international submissions, please check with your local courier for requirements and/or restrictions on sending biological samples and include CGAP's Declaration of Material Shipped Form with the samples.**

**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

**UC Davis Campus Holidays:**

**2011**

January 17, February 21, March 25, May 30, July 4, September 5, November 11, November 24-25, December 26-27, 30

**2012**

January 2, January 16, February 20, March 30, May 28, July 4, September 3, November 12, November 22-23, December 24-25, 31

**2013**

January 1, January 21, February 18, March 29, May 27, July 4, September 2, November 11, November 28-29, December 24-25, 31



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**UNIVERSITY OF CALIFORNIA, DAVIS**  
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(530) 752-1250 (Animal Science)  
(530) 752-0175 (Fax)  
**Canine Genetic Analysis Project (CGAP)**

### **Declaration of Material Shipped for International Submissions Only**

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 (print): \_\_\_\_\_

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: \_\_\_\_\_