

**Symmetrical Lupoid Onychodystrophy (SLO) – Bearded Collies
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: 530-752-1046, FAX: 530-752-0175
<http://cgap.ucdavis.edu/>

Dog/Owner Information *Please include a PEDIGREE*

Dog's Registered Name: _____

Call Name: _____ AKC or other Registration #: _____ Date of Birth: _____

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

Sire's Name: _____ AKC or other Registration #: _____

Dam's Name: _____ AKC or other Registration #: _____

Owner's Name: _____

Address: _____

Phone: _____ E-mail: _____

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

Symmetrical Lupoid Onychodystrophy (circle): Yes No Age at Diagnosis: ____years ____months

1. If the dog has SLO, what symptoms prompted you to go to the vet?

2. How was SLO diagnosed (check)? ____ Nail Biopsy ____ Clinical Findings and Treatment Response

3. If the dog is spayed or neutered, was SLO diagnosed (circle) **prior to** or **after** spay or neuter?

4. Include details of known relatives with SLO:

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

6. List any medications (including steroids) the dog has taken for SLO and denote if they were given pre or post diagnosis:

Owner Signature: _____ Date: _____

ADDISON'S DISEASE
"Genetic Basis for Canine Diseases"
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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: Bearded Collie

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.

2c. Please indicate the dog's electrolyte levels if known:

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/chic_dnabankapp_main.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 Symmetrical Lupoid Onychodystrophy, 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 #18739.

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.

Canine Buccal Swab Submission

(Please use 3 brushes for each dog being submitted)

1. If the dog has been eating or drinking, wait 10-15 minutes before taking samples.
2. Sample one dog at a time. If you are sampling several dogs in the same session, complete the process for one dog before sampling the next dog.
3. Before opening or collecting sample, label each wrapper of the 3 brushes with **the name of the dog** to be sampled and **the date of collection**.
4. Peel open the top of the wrapper and remove the brush by its handle.
5. Place the bristle head against the inside of the dog's cheek and swirl 10 times. Please be vigorous, since these are the only samples we will have for the dogs. Please take each sample from a **different location** on the cheek.
6. **Allow swabs to air dry for 5 minutes.** Carefully return each swab to its original wrapper.
7. Fold over the end of the wrapper and seal with a paperclip or staple (do not use tape). **Do not** place samples in a Ziploc[®] bag. If you are sending only swab samples, return samples and appropriate forms via regular mail in the enclosed self-addressed, postage paid (U.S. residents only) envelope.

Blood Sample Collection and Shipping Procedures (Preferred Sample Submission)

1. Please collect 2-5cc of whole blood in a single purple-top (EDTA) tube. Rock the tubes gently (do not centrifuge).
2. Please also collect 2-5cc of whole blood in a single red-top (Serum) tube. Centrifuge to separate the serum from whole blood components. Send serum only.
3. **Label each sample with the dog's registered name, owner's last name and date.** Wrap tubes in paper towels and place the blood tubes in a plastic bag, sealing the bag securely.
4. Place the samples in a sturdy box, packed so that the blood tubes do not move around (bubble wrap).
5. Include the completed questionnaire, pedigree and signed owner consent form.
6. The ideal shipping method is to keep the samples cold (ice pack) in an insulated, leakproof container and ship via FedEx or UPS immediately following collection to arrive within 2 days of collection. Refrigerate the sample until it can be shipped. **DO NOT freeze the sample at any time.** Samples from couriers other than USPS can be received on any weekday (M– F). Shipping containers cannot be returned.

For USPS, please send samples on ice packs priority 1-2 day service arriving on a Monday, Wednesday or Friday.

Samples shipped via USPS cannot be received on Tuesdays or Thursdays. Samples from any courier cannot be received on weekends 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.

Please write **"Refrigerate Upon Arrival" on the outside of the box and 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: 530-752-1046

UC Davis Campus Holidays: Note that campus receives USPS mail on Monday, Wednesday and Friday only.

2016 January 1, January 18, February 15, March 25, May 30, July 4, September 1, November 11, November 24-25, December 23, 26, 30
2017 January 2, January 16, February 20, March 31, May 29, July 4, September 4, November 10, November 23-24, December 22, 25, 29
2018 January 1, January 15, February 19, March 30, May 28, July 4, September 3, November 12, November 22-23, December 24-25, 31



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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

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 _____