Section of Medical Genetics School of Veterinary Medicine University of Pennsylvania dogderm@vet.upenn.edu



FOR OFFICIAL USE ONLY		
Submission No.	Dog ID No.	

Lupoid Dermatosis 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: Unsig	ned, advance report sent by e-mail to: Veterinar	rian Owner		
Veterinarian Information (Provide is	f an unsigned report is to be sent to your veterinarian, by e-mai	l only)		
First Name:	Last Name:			
Clinic Name:	E-Mail:			
Dog Information				
Registered Name:				
Call Name: Re	egistration #: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 tu	be) OR Cheek brushes		
Reason for Testing: General Screening	ng Breeding Has skin disease/is affe	cted		
(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/do	1/yy):		
Payment Information				
Please submit \$75 US dollars for each sample		R OFFICIAL USE ONLY Insaction Date		
Check or Money Order (US only) to: Trustees of the University of Pennsylvania (write "Lupoid test" in memo line)				
VISA MasterCard Credit Card Nu	mber:E	xp. 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 ZiplockTM 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.
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12. Complete the requi	red submission form for each dog (printed or typed) and mail with the sample
Ship sample(s) to:	Dr. Margret Casal / Lupoid Dermatosis 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 a mail reports can be sent to the owner.

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 N	OT si	ubmit samples that will arrive on wee	kend	s or between Christmas and New Years Day.