

Old English Sheepdog and Gordon Setter Cerebellar Ataxia (CA) Genetic Testing Submission Form

Veterinary Cardiac Genetics Lab
NCSU CVM
1060 William Moore Drive, Room 326
Raleigh, NC 27607



Visit our website at:
<https://cvm.ncsu.edu/genetics/submit-dna-testing/>
To request swab collection kits, please visit:
<https://cvm.ncsu.edu/genetics/cheek-swab-request/>

Submitting cytology brushes (SWABS): Submit 2 swabs per dog. After swabbing, return swab to package and label with dog's name. Any nursing puppy's mouth MUST BE RINSED prior to using swabs.

Submitting BLOOD: Provide a labeled EDTA tube with 1-3 mLs of blood (double package to prevent spillage). Puppies can be tested at any age if submitting blood.

Dog Information

Breed: <input type="checkbox"/> Gordon Setter <input type="checkbox"/> Old English Sheepdog Gender: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC Birthdate: _____ Call Name: _____ Pedigree Name: _____ Microchip /Tattoo #: _____ AKC #: _____	Samples sent: EDTA blood: <input type="checkbox"/> Cheek swabs: <input type="checkbox"/> Semen: <input type="checkbox"/>
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To be completed by attending veterinarian or veterinary technician at time of sampling:

I DID verify microchip/tattoo. I DID NOT verify microchip/tattoo. There is no microchip/tattoo.

Signature: _____ Date: _____

Owner Name: _____
 Alternate contact: _____
 Address _____
 City _____ State/Province _____
 Zip _____ Country _____
 Phone # _____ Fax # _____
 E-Mail address _____

Veterinarian: _____
 Clinic Name: _____
 Address _____
 City _____ State/Province _____
 Zip _____ Country _____
 Phone # _____ Fax # _____
 E-Mail address _____

Gordon Setter and Old English Sheepdog CA Genetic Testing Price: \$48.00 per dog

<p>CREDIT CARD Payment Instructions: Please use our university payment web site: https://controller.ofa.ncsu.edu/non-student-credit-card-payments/ Please only fill out the required fields on the website. Payment Purpose: Please enter "Cardiac Genetics" in the Payment Purpose field. Invoice Number: Please enter "Cardiac Genetics" in the Invoice Number field. Please include printed confirmation page with samples or provide the following payment receipt information after making the payment: Number of puppies being tested at this time: _____ Amount paid: \$ _____ Payment Date: _____ Receipt Number: _____</p>	<p>CHECK Payment Instructions: Please make checks out to: "NCSU Cardiac Genetics" Checks should be stapled to the top left corner of this form and sent in with samples.</p>
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Additional clinical information (optional)

For dogs with signs of cerebellar disease:

How long have they shown signs: _____

Check which signs your dog is showing:

- Uncoordinated high stepping Frequent falling
 Difficulty with Stairs Head tremor

For dogs with other neurologic conditions:

List diagnosis if known: _____

Describe signs: _____