



Section of Medical Genetics
 School of Veterinary Medicine
 University of Pennsylvania
 CystinuriaDNAtest@gmail.com



FOR OFFICIAL USE ONLY

Submission No. Dog ID No. Urine No.

Non-Type 1 Cystinuria Marker DNA Test for Mastiff-Type Breeds

Owner Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Daytime Phone: _____ E-mail: _____

Co-Owners' Names: _____

Send Additional Report by e-mail to Veterinarian

Veterinarian Information (Provide only if report is to be sent to your veterinarian, by e-mail only)

First Name: _____ Last Name: _____

Clinic Name: _____ E-Mail: _____

Dog Information

Registered Name: _____ Breed: _____

Call Name: _____ Registration #: _____ AKC Other: _____

Birthdate (mm/dd/yy): _____ Sex: Male Female Neutered?: No Yes Date: _____

Sire's Reg. Name _____ Sire's Registration #: _____

Dam's Reg. Name _____ Dam's Registration #: _____

Prior Urine Nitroprusside Testing: (give result and date/test number if available) _____

Prior Blood Sample Submitted: (give date of submission if available mm/dd/yy) _____

Sample Information

Date of Sample Collection(mm/dd/yy): _____ Relative Affected/ Relationship: _____

Samples Included: Blood (purple top tube) OR Cheek brushes (two) AND Urine

Authorization

My signature below certifies that I am the owner of this dog. 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 cystinuria or other inherited diseases in dogs.

Owner's Signature: _____ Date (mm/dd/yy): _____

Payment Information

Please submit Payment for each sample submitted (US Dollars):

\$140 Individual (Each individual sample submitted).

\$120 Clinic Rate (Preapproval required; 20 or more tests submitted together - results sent to each individual owner).

\$100 /puppy Litter Rate (3 or more littermate tests submitted together, all results sent to one breeder/owner. Maximum \$600/litter.)

Check your payment method below:

Check/Money Order (US only) to: Trustees of the University of Pennsylvania (write "Cystinuria DNA test" in memo)

VISA MasterCard Credit Card Number: _____ Exp. Date _____

Signature: _____ Name on Card: _____

The "Non-Type 1 Cystinuria Marker DNA Test for Mastiff-Type Breeds" form is for submitting a sample for DNA testing to the University of Pennsylvania. Feel free to duplicate and distribute this form and instructions to others.

PLEASE ALLOW 6-8 WEEKS FOR RESULTS TO BE PROCESSED

Last update 1/3/13

FOR OFFICIAL USE ONLY:
Transaction Date



Cystinuria 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. (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 by overnight or **2-day** delivery. (DO NOT use US Postal service.) Your veterinarian may have special Styrofoam containers or cardboard mailers to send blood tubes. Please place tubes in a Ziplock™-type sealable 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

NOTE: DNA testing results are more reliable using a blood sample.

To receive cytology brushes, send a **self-addressed, stamped, business envelope FOR EACH DOG** to:

Michael Raducha
Ryan Veterinary Hospital, Rm. 4022
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 sample collection.**
3. Ask a second person to gently restrain the dog's head as you collect the sample, if necessary.
4. Wash your hands before you collect the samples.
5. **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.**
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 end 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 labeled envelope for each dog.**
12. Complete the required submission form for each dog (printed or typed) and mail with the sample.

Urine Collection

Urine testing is included as part of the Non-Type 1 Cystinuria Marker DNA Test for Mastiff-Type Breeds. Urine testing is required for complete results on intact male dogs over 2 years of age. Collect urine as a free catch while the dog is urinating. A new, clean disposable pie plate or clean disposable cup is a convenient collection vessel. Urine can then be transferred to a standard urine collection/transport tube, available from a veterinarian's or physician's office. Please send between 5-10 cc of urine. If sample must be held for greater than 24 hours, please freeze the sample after placing the urine tubes in Ziploc™-type sealable plastic bags (in case the tubes break during freezing). Urine must be shipped chilled with frozen freezer packs in an insulated container with overnight delivery. Do NOT use US Postal Service. Track the package and have the shipping company send an email notification to caiff@vet.upenn.edu so we can make sure your package has arrived in the laboratory.

Ship sample(s) to: Dr. Paula Henthorn / Cystinuria DNA Test
Ryan Veterinary Hospital, Rm. 4027
University of Pennsylvania
3900 Delancey St.
Philadelphia PA, 19104-6010
Phone No. (for FEDEX) 215-898-5703

ALL signed reports are e-mailed to the owner.

Have you included? Signed submission form Copy of dog's registration form Payment (US DOLLARS)
 Blood or two cheek brush samples Urine specimen Frozen freezer pack

NOTE: Please Do NOT submit samples that will arrive on weekends or between Christmas and New Years Day.

PLEASE ALLOW 6-8 WEEKS FOR RESULTS TO BE PROCESSED

Last update 1/3/13