



CHIC DNA Repository
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.caninehealthinfo.org



Dog Call Name: _____

Application for DNA Repository

Previous application number (if any):			Registration number: q AKC q CKC		Other registry name:	
					Other registry #:	
Registered name:			Sex:		Color:	
Breed:			Date of Birth (month-day-year):			
IDNumber(if any):		q Tattoo	q Microchip	Registration number of sire:		Registration number of dam:
Owner name:			Co-owner Name:			
Mailing address:			Owner Email:			
City:		State:	Zip/postal code:	Owner Phone:		

Upon receipt and processing of this application, the owner will receive a Sample Submission Kit depending on the option selected below.

DO NOT SUBMIT SAMPLE WITH THIS INITIAL APPLICATION.

Please fill out the health survey on the back of this form with later swab or blood submission.

Sample Submission Kit Order

- ~~Swab Based Collection Kit \$5.00~~
(includes 4 cheek swabs to be submitted, collection instructions, health survey, mailing labels)
- Blood Collection Kit \$20.00
(includes collection instructions, health survey, mailing labels)

DNA Sample Submission Agreement

I hereby donate, assign, and transfer a DNA sample of the dog named above to the CHIC DNA Repository 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 the CHIC DNA Repository. I authorize the OFA to provide any researchers receiving a portion of this sample with all necessary information including pedigree and health history to make the sample useful. 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.

 Signature of owner/agent

 Date

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Collie Health Foundation, Inc.



CHIC DNA Repository Health Survey

Has this dog ever been diagnosed with any of the following health issues? For each section you answer with a yes, please fill out the rest of the section. If you answer no to any section, skip to the next section.

Eye Disorders Yes No

- Distichiasis
- Dry Eye
- Entropion
- Juvenile Cataracts
- Non Healing Corneal Ulcer
- Retinal Dysplasia
- Persistent Pupillary Membrane
- Glaucoma
- Cherry Eye
- Other _____

Ear Disorders Yes No

- Chronic ear infection
- Deafness (if yes, describe coat color/pattern) _____
- Other _____

Skin Disorders Yes No

- Atopic Dermatitis (allergy to inhaled substances)
- Food/Medicine Allergies
- Alopecia
- Autoimmune Skin Disease
- Systemic Demodectic Mange
- Sebaceous Adenitis
- Seborrhea
- Other _____

Gastrointestinal Disorders Yes No

- Pyloric Stenosis
- Megaesophagus
- Cleft Palate
- Chronic Vomiting
- Chronic Colitis
- Inflammatory Bowel Disease
- Other _____

Respiratory Disorders Yes No

- Congenital Tracheal Stenosis (narrow trachea)
- Stenotic Nares
- Elongated Soft Palate
- Laryngeal Paralysis
- Other _____

Orthopedic Disorders Yes No

- Hip Dysplasia
- Patellar Luxation
- Elbow Dysplasia
- Premature IVD (intervertebral disc degeneration)
- Vertebral Anomalies
- HOD
- Other _____

Cardiac Disorders Yes No

- Vascular Ring (right aortic arch)
- Subaortic Stenosis
- Pulmonic Valve Stenosis
- Persistent Ductus Arteriosus
- Persistent Foramen Ovale
- Tricuspid Valve Defect
- Mitral Valve Defect
- Cardiomyopathy
- Porto-Systemic Vascular Shunt (Liver Shunt)
- Other _____

Urinary Disorders Yes No

- Ectopic Ureter
- Urinary Crystals/Stones
- Other _____

Blood/Lymph Disorders Yes No

- Autoimmune Hemolytic Anemia
- Hemophilia (Type A or B)
- Idiopathic Thrombocytopenia
- von Willebrand's disease (Symptomatic?) Y N
- Other _____

Endocrine Disorders Yes No

- Hypothyroid
- Addison's disease (adrenal insufficiency)
- Cushing's disease (adrenal oversecretion)
- Diabetes
- Other _____

Reproductive Disorders Yes No

- Cryptorchid/Monorchid
- Abnormal Sperm
- Testicular Atrophy
- Irregular heat cycle
- Uterine Inertia
- Other _____

Neurologic Disorders Yes No

- Epilepsy
- Cauda Equina Syndrome
- Degenerative Myelopathy
- Other _____

Cancer/Tumors Yes No

- Mast cell tumor
- Lymphoma
- Hemangiosarcoma
- Testicular cancer
- Mammary cancer
- Osteosarcoma
- Other _____

Collie Health Foundation, Inc.
Supplemental CHIC Health Survey

Dog's Registered Name: _____ Dog's Registration #: _____

Variety: ___Rough ___Smooth

Color: ___Sable___Tri___Blue Merle___Sable Merle___White___Homozygous (Double Dilute)___Harlequin

MDR1 Genetic Test:___Normal/Normal___Mutant/Normal___Mutant/Mutant

Cyclic Neutropenia (Grey Collie):___Clear___Carrier

Eye Disorders

CEA: Genetic Tested:___Affected___Normal **OR**

Ophthalmologist Certified:___Affected___Normal___Go Normal

Findings: ___Choroidal Hypoplasia; ___Coloboma;___Optic Nerve Coloboma;___Retinal Detachment;
___Retinal Folds

Microphthalmos: ___

PRA: Genetic Tested:___Normal___Carrier___Affected **OR**

Ophthalmologist Certified:___Affected

Clear by Parentage: ___

Autoimmune Disorders

Dermatomyositis: Genetic Risk Assessment Tested___Result _____

Biopsied:___Affected; ___Suspected

Systemic Lupus:___ANA tested

Discoid Lupus (Collie Nose): ___Biopsied___Suspected

Pemphigus:___Biopsied ___Suspected

Gastrointestinal Disorders

Bloat: Bloating___Parent Bloating___Sibling Bloating___Offspring Bloating

Renal Disorders

Canine Renal Dysplasia:___Biopsied___Suspected

Juvenile Renal Dysplasia:___Biopsied___Suspected

Amyloidosis:___Biopsied___Suspected

Reproductive Disorders

Pyometra: ___

Small Litters: ___

Sterile: ___



DNA Repository Submission Instructions via Blood Sample

Your sample kit contains the following items:

Blood Kit:

Bar code labels for 2 EDTA tubes
Submission Instructions
Return Mailing Label to OFA (survey)
Return Mailing Label to MU (blood)
Health Survey

Directions for submitting DNA sample via Blood Sample:

1. Contact your veterinarian to make arrangements to have blood drawn. This can be done at an appointment made specifically for this purpose, or you can arrange to have the blood drawn during some other regularly scheduled visit. Be sure to tell your veterinarian the blood sample is to be used for research purposes. Many veterinarians will then do the procedure at a reduced rate or at no cost.
2. Take your dog and ask that a sample of 5 to 10 cc's of whole blood be drawn into EDTA purple top tubes. Place the bar code label supplied with the kit onto the EDTA tube to identify the sample. If collecting multiple samples, please take care to ensure matching the correct samples with the correct bar code labels.
3. The blood sample only needs to be put in the tubes and rocked gently a few times to distribute the anticoagulant. The sample should NOT be spun, have serum extracted, or have anything further done to it.
4. Ship the sample via an overnight delivery service to the University of Missouri (address below). DO NOT ship samples on Fridays, as there will be no one available at the lab to receive the sample on Saturday.
5. The sample should be shipped using cool packs, and ideally should be shipped immediately. If samples are held for a day or over a weekend before shipping, they must be refrigerated.
6. Complete the health survey for each dog and send it to the OFA using the OFA mailing label provided. The health survey is a critical part of the repository. The samples are of little value without the corresponding phenotypic history and genealogy. If there are any significant health changes for this dog in the future, please email the OFA at ofa@offa.org with the update..
7. Thank you for participating in the CHIC DNA Repository.

University of Missouri Mailing Address

University of Missouri
Attn: Dr. Gary Johnson
320 Connaway Hall
Columbia, MO 65211

OFA Mailing Address

OFA
2300 E Nifong Blvd.
Columbia, MO 65201

****ADDITIONAL INFO:** Wrap tubes with bubble wrap. Use Frozen gel pacs only (no ice of any kind). Place all questionnaires in 1 Ziploc bag inside box. If stating contents on shipping label write "DNA Samples".