



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



FOR OFFICIAL USE ONLY	
Submission No. _____	Dog ID No. _____

JDCM Linked Marker 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: Veterinarian Owner (unsigned, advance report sent by e-mail)

Veterinarian Information (Provide if a report is to be sent to your veterinarian)

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____ Country: _____
 Phone: _____ Fax: _____ E-Mail: _____

Dog Information

Registered Name: _____
 Call Name: _____ Registration #: _____ 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): _____
 Reason for Testing: General Screening Breeding Sudden death before 6 months of age
 (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 juvenile dilated cardiomyopathy or other inherited diseases in dogs.

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

Payment Information

Please submit \$240 US dollars for each sample submitted, and check your payment method.

FOR OFFICIAL USE ONLY Transaction Date

Check or Money Order (US only) to: Trustees of the University of Pennsylvania (write "JDCM test" in memo line)

VISA MasterCard Credit Card Number: _____ Exp. Date _____

Signature: _____ Name on Card: _____



JDCM Linked Marker DNA Test Sample Submission Instructions

Instructions for Sample Submission

The “JDCM Linked Marker DNA Test Submission Form” is for submitting a test application to the University of Pennsylvania. Feel free to duplicate and distribute this form to others. Please complete the form carefully and be sure to obtain the required signatures on it, then include one copy with payment and a copy of the dog’s registration in the sample package you send to the University of Pennsylvania. Have the blood sample drawn and shipped according to the following instruction. Ship sample(s) to:

Dr. Paula Henthorn / JDCM Test
Ryan Veterinary Hospital, Rm. 4022
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, and to the veterinarian if an address is provided. Advance e-mail reports will be sent if requested, but not signed.

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 Ziplock™ 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.

Checklist

Have you included?

- Signed submission form
- Copy of dog’s Registration Form
- Blood sample
- Payment

NOTE: There is no mail delivery at the University of Pennsylvania from Dec. 24, 2009 through January 2, 2010. Please do NOT submit samples that will arrive during that time.

Last updated 8/3/2009