

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue. St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Page 1 - Submission List

### Contact Information -- Only ONE owner per list

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### Payment Method (Must be enclosed with the shipment):

☐ Check# \_\_\_\_\_ ☐ Gift Certificate ☐ Money Order

☐ Credit Card  
(Authorization Form  
attached) ☐ IND Re-submission  
VDL # D \_\_\_\_\_

For timely testing,  
please be sure to  
enclose the  
Submission List  
(Page 1) and the  
corresponding  
Submission  
Form(s) (Pages 2  
-17), along with  
payment.

For current test price,  
please see link:  
[Fees and Test  
Information](#)

## Animal Information - Submission List

Please list all dogs as labeled on the sample tube/envelope. This label will self-populate into the correct submission form (pages 2-17), along with your personal information, payment method, reporting preference, etc. If you complete this form by hand, you **MUST** make sure that the Dog # on the list matches the Dog # on the corresponding submission form to avoid sample identification errors.

Dog # 1	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 2	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 3	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 4	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 5	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 6	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 7	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 8	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 9	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 10	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 11	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 12	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 13	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 14	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 15	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen
Dog # 16	<input type="checkbox"/> Blood <input type="checkbox"/> Cheek Swabs <input type="checkbox"/> Dew Claws <input type="checkbox"/> Semen

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 1

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog #1

Dog # 1 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

☐ Check# \_\_\_\_\_

☐ Gift Certificate

☐ Money Order

☐ Credit Card  
(Authorization Form  
attached)

☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

☐ Whole Blood ☐ Cheek Swabs

☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 2

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 2

Dog # 2 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of  
control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other \_\_\_\_\_

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

### Sample Type

☐ Whole Blood ☐ Cheek Swabs

☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 3

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 3

Dog # 3 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 4

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 4

Dog # 4 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 5

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 5

Dog # 5 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws



# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 6

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 6

Dog # 6 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

☐ Check# \_\_\_\_\_

☐ Gift Certificate

☐ Money Order

☐ Credit Card  
(Authorization Form  
attached)

☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

☐ Whole Blood ☐ Cheek Swabs

☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 7

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 7

Dog # 7 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws



# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 8

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 8

Dog # 8 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of  
control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other \_\_\_\_\_

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

### Sample Type

☐ Whole Blood ☐ Cheek Swabs

☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787

e-mail : vdl@umn.edu

Fax : (612) 624-8707

Web site :

Toll Free : 1-800-605-8787

www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 9

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 9

Dog # 9 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 10

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 10

Dog # 10 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 11

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 11

Dog # 11 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other \_\_\_\_\_

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 12

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 12

Dog # 12 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 13

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 13

Dog # 13 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws



# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 14

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 14

Dog # 14 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

☐ Check# \_\_\_\_\_

☐ Gift Certificate

☐ Money Order

☐ Credit Card  
(Authorization Form  
attached)

☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

☐ Whole Blood ☐ Cheek Swabs

☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog #15

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 15

Dog # 15 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

\_\_\_\_\_

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787 e-mail : vdl@umn.edu

Fax : (612) 624-8707 Web site :

Toll Free : 1-800-605-8787 www.vdl.umn.edu

## Exercise Induced Collapse (EIC) - Submission Form - Dog # 16

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### Animal Information

#### Submission List (Page 1) : Dog # 16

Dog # 16 Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic

Fax: ☐ Owner ☐ Vet Clinic

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to  
enclose the  
Submission List  
(Page 1) of the  
EIC test form  
along with  
payment.

For current test price,  
please see link:

[Fees and Test  
Information](#)

### Payment Method

- ☐ Check# \_\_\_\_\_
- ☐ Gift Certificate
- ☐ Money Order
- ☐ Credit Card  
(Authorization Form  
attached)
- ☐ IND Re-submission  
VDL #D \_\_\_\_\_

### Sample Type

- ☐ Whole Blood ☐ Cheek Swabs
- ☐ Semen ☐ Dew Claws

**CREDIT CARD PAYMENT AUTHORIZATION**

If you are enclosing credit card payment with your testing sample(s), please place this authorization forms with the Submission List and Submission Form(s). Do not write your credit card number the Submission List or Submission Form. [See website](#) for current pricing information.

**Card Holder Information:**

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

**Billing Information (If different):**

Card Holder's Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

I authorize the Veterinary Diagnostic Laboratory to charge to the following credit card:

Card Type: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(American Express not accepted.)

Expiration Date (MM/YYYY): \_\_\_\_\_

_____	X	=	_____
# of Tests			Total

Cardholder Name-as it appears on card (please type or print)

Signature of Cardholder \_\_\_\_\_

Today's Date \_\_\_\_\_

## **VDL Sample Submission Checklist**

Please follow these steps to successfully submit samples for genetic testing.

- \* Complete all paperwork by typing your information into our most current [online submission form](#).  
By completing your submission forms online, your information entered on Page 1 will self-populate into subsequent pages (saving you from having to re-write the same information repeatedly). If needed, you can download the current version of Adobe at this [link](#). If this form doesn't display correctly in your web browser, please try another.
- \* Complete a single **Submission List (Page 1)** for all dogs belonging to the same owner.
- \* Complete a **Submission Form (Pages 2-17)** for **each** dog. Be sure that the number of the Submission Form matches the number on the Submission List for each dog.
- \* Print a single **Submission List (Page 1)** and a **Submission Form** for each dog (Page 2 -17); as well as other needed documents: the credit card authorization (Page 18), directions for blood, dew claws or semen submission (Page 20), and directions for cheek swab submission (Page 21-23).
- \* Enclose payment in the form of a check, money order (USD), credit card authorization, or gift certificate. We are no longer billing EIC tests; payment must be received at the time of testing.
- \* Collect
  - 1-3 mls of un-clotted whole blood in an EDTA tube (not serum)
  - 2 dew claws in an empty tube/bag
  - 2-4 dry sterile cheek swabs, placed in a paper envelope (no plastic packaging)
  - 1 straw or ½ ml semen
- \* If you would like to update the dog's report at a future date to add registration information, a permanent ID (tattoo/microchip) must be verified at the time of testing.
- \* Write "Exempt Animal Specimen, and ship to arrive within 7-10 days to:

Veterinary Diagnostic Laboratory  
University of Minnesota  
1333 Gortner Ave  
St. Paul, MN 55108, USA

Please see our [submission guidelines](#) if shipping from outside the United States.

## Canine Exercise Induced Collapse (EIC) Test Form

### Instructions for submitting Blood, Dew Claws, and Semen samples for EIC testing

The Veterinary Diagnostic Laboratory encourages the submission of samples through your veterinarian, and the reporting of results to them. Direct involvement of your veterinarian allows for optimal management of this genetic disease as well as other concurrent medical conditions your dog may have that will affect its management.

**OFA:** All VDL EIC results are eligible for OFA registration; however, for VPI (verified permanent identification) level registration, a permanent ID must be verified, and the submission form signed by the attending veterinarian or veterinary technician.

**\*\*A permanent ID must be verified at the time of testing to update the dog's report with registration information at a later date.\*\***

### Paperwork (Please complete electronically)

Complete a single **Submission List (Page 1)** for all dogs belonging to the same owner and **Submission form(s) (Pages 2-17)** for each dog online and then print them. These forms will self-populate your information into all forms, saving you from having to re-write repetitive information. Type written forms greatly decrease the chance for typographical errors in the report, and helps keep administrative costs down. If you hand write your submission forms, you **MUST** make sure that the Dog # on the list matches the Dog # on the corresponding submission form to avoid sample identification errors. Indicate the method of payment being used on the submission form and place all paperwork and the check/money order/credit card authorization in a Ziploc bag to protect them in the event a sample leaks.

### Sample Collection (Blood, Semen, Dew Claws)

**Labeling:** Samples should be labeled with the dog's call name or other unique identifier (such as collar color or microchip), and the owner's last name. This label should match the Submission List, and will display automatically in the correct Submission Form.

**\*Whole Blood:** Draw 1 - 3 ml of blood into a **LAVENDER-TOPPED EDTA TUBE** and invert several times to prevent clotting (EDTA tubes may be red or pink outside the US). Do not spin or extract serum. Do not put tape over the cap of the tube.

**\*Dew claws: (REMOVALS FROM PUPPIES ONLY):** Place the pair of removed dew claws into either an empty **RED-TOPPED TUBE** or a small Ziploc bag labeled with a unique identifier and the owner's name. The removal instrument should be wiped free of visible blood/tissue between pups. Dew claws may be stored in the freezer if you are waiting on the results of parents before testing.

**\*Semen:** Send one straw or 1/2 cc in a labeled empty **RED-TOPPED TUBE**.

### Sample Packaging (Please do not use styrofoam peanuts)

**Whole Blood:** Place blood tubes in a Ziploc bag or in a hard plastic container, such as a pill bottle. If you are sending multiple tubes, each must be sent in its own bag or container to prevent contamination in the event a tube breaks. Cushion in between samples with bubble wrap, newspaper, or paper towels.

**Dew claws:** If you are sending glass containers, place the tubes in a Ziploc bag and cushion in between samples with bubble wrap, newspaper, or paper towels.

**Semen:** Place straws or collection tube in a Ziploc bag and cushion in between samples with bubble wrap, newspaper, or paper towels. Semen samples do not need to be sent on liquid nitrogen.

**If you are sending liquids or glass collection tubes you MUST send in a padded, leak-proof container, NO PAPER ENVELOPES!!!**

Place the tubes in a padded container and ship to arrive within 7 - 10 days, no coolant necessary. Shipment should be scheduled so that it will not arrive during a weekend or holiday period whenever possible. On the outside of the package write "Exempt Animal Specimen."

**Veterinary Diagnostic Laboratory**

**University of Minnesota**

**1333 Gortner Ave**

**St. Paul, MN 55108, USA**

Please see our [submission guidelines](#) if shipping from outside the United States.



# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787

Fax : (612) 624-8707

Toll Free : 1-800-605-8787

e-mail : [vdل@umn.edu](mailto:vdل@umn.edu)

Web site :

[www.vdl.umn.edu](http://www.vdl.umn.edu)

## Canine Exercise Induced Collapse (EIC) Testing Form

### Instructions for submitting Cheek Swab samples for EIC testing

The Veterinary Diagnostic Laboratory encourages the submission of samples through your veterinarian, and the reporting of results to them. Direct involvement of your veterinarian allows for optimal management of this genetic disease as well as other concurrent medical conditions your dog may have that will affect its management.

**OFA:** All VDL EIC results are eligible for OFA registration; however, for VPI (verified permanent identification) level registration, a permanent ID must be verified, and the submission form signed by the attending veterinarian or veterinary technician.

**\*\*A permanent ID must be verified at the time of testing to update the dog's report with registration information at a later date.\*\***

#### Paperwork (Please complete electronically)

Complete a single **Submission List (Page 1)** for all dogs belonging to the same owner and **Submission form(s) (Pages 2-17)** for each dog online and then print them. These forms will self-populate your information into all forms, saving you from having to re-write repetitive information. Type written forms greatly decrease the chance for typographical errors in the report, and helps keep administrative costs down. If you hand write your submission forms, you **MUST** make sure that the Dog # on the list matches the Dog # on the corresponding submission form to avoid sample identification errors. Indicate the method of payment being used on the submission form and place all paperwork and the check/money order/credit card authorization into the packing envelope.

### Cheek Swab Concerns and Caveats

The VDL appreciates that the process of submitting a cheek swab sample is simpler and less costly for our clients. However, there are important factors you should consider when deciding whether to send a blood sample, dew claws, or cheek swabs.

**Microbial growth:** A major concern in using cheek swabs is the possibility of microbial growth on the swab after the sample has been collected. This is particularly a problem during hot and humid times of the year. Other factors that may affect microbial growth include diet and the oral health of the dog. Microbial growth will render the sample un-testable.

**Sample Contamination:** The DNA tests that we perform are extremely sensitive and even a small amount of contamination (e.g. from another dog or a human) could easily result in erroneous test results. It is of utmost importance that the cheek swab DNA sample is collected with this serious concern in mind and that every effort is made to prevent any contamination of the sample during the collection and shipping process. Instructions must be followed exactly and carefully.

**Insufficient DNA Obtained:** This concern arises from the possibility that too few cells may be scraped from the cheek during the collection. If there are not enough cells collected, then not enough DNA will be obtained and the tests will not work properly. Insufficient DNA would most likely be a result of the collector not properly following the instructions; however, other factors could influence this. Some dogs may be difficult to handle and prevent a good contact between the swab and the cheek.

### Cheek Swab Repeat Testing Policy

Due to the higher likelihood that cheek swab samples will yield insufficient DNA, or have problems with microbial overgrowth, in the event a swab sample has an indeterminate result, a blood sample or Histobrush-type swabs are required for no-charge re-testing. Please note that if you chose to re-test with cheek swabs and the second swab submission also fails, you will be charged the full EIC testing fee for the subsequent submission.

**\*\*\*Sampling Puppies\*\*\*** Cheek swab samples from puppies who are not weaned, are not advised due to the possibility of maternal contamination and/or puppy-to-puppy contamination. The VDL may not be able to detect trace contamination in these samples and clients assume the risk of incorrect test results due to contamination of cheek swabs from pups prior to weaning. If puppies must be tested prior to weaning, a blood or dew claw sample is strongly advised. Puppies should be weaned for at least 24 hours prior to swab collection.

## Canine Exercise Induced Collapse (EIC) Testing Form

### Instructions for submitting Cheek Swab samples for EIC testing

Complete a single Submission List (Page 1) for all samples being submitted by the same owner. For **EACH DOG** submitted you will need: A completed submission form (Pages 2-17), **2-4** sterile cheek swabs/sterile applicators and **1-2** letter-sized envelopes.

#### Types of Swabs Accepted

The VDL does not provide cheek swab collection kits. You may purchase appropriate cheek swabs (also called Sterile Applicators) at <http://www.ezswabs.com/>. You may also purchase them at certain pharmacies, especially specialty pharmacies and medical supply stores that carry home health care products, as well as online vendors (e.g. Shoplet.com carries Dukal item # DKL9016; 100/box and Walgreens.com carries Medline brand, 200/box # prod1606753; Amazon.com is another source for Medline # MDS202000). Both cotton or foam-tipped, as well as brush swabs are acceptable. Although brush swabs (Histobrush, Cytobrush, etc) are more expensive than cotton-tipped applicators, they are less likely to have issues with microbial overgrowth, especially in hot humid weather.

- Regardless of how they are obtained, all cheek swabs used for EIC testing **MUST**:
- Be **STERILE** - Cotton, polyester, or foam tipped applicators.
- Be individually wrapped or have two sterile swabs per package and the package must be intact and unopened.
- Have a plastic or wooden handle that is **at least 6 inches** long. Shorter (3 inch) swabs are NOT acceptable. (Q-Tip type ear cleaning swabs are NOT acceptable, sterile 6 inch Q-Tip brand cotton applicators are okay.)
- Be dry. (Swabs with transport medium or buffer will result in microbial overgrowth and render the sample un-testable.)
- The VDL reserves the right to reject unacceptable swabs and packaging of samples.

#### Prior to Collection/Preparations:

- The dog to be sampled should not eat or drink for at least one hour prior to having the sample collected. This is to reduce the chance of oral contamination.
- The dog should be isolated from other dogs, toys, rawhides, and other possible sources of oral contamination for several hours prior to sampling. This is to reduce the chance of dog-to-dog contamination.
- Just prior to sampling, check the dog's mouth to see that no food or other material is obviously present. If there is, clean/rinse the dog's mouth to remove it.
- The person taking the samples should avoid touching the inside of the dog's mouth. Disposable latex gloves will help reduce contamination by the handler.
- If more than one dog is being sampled, the person doing the collections must wash hands or change gloves between collections.
- Never allow the sterile swab to touch anything except the inside of the dog's mouth or the inside of the package that it came in/the clean envelope. Especially never allow contact between swabs from different dogs.
- Prepare a clean surface on which to place the opened swab package while you are swabbing the dog.

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787

Fax : (612) 624-8707

Toll Free : 1-800-605-8787

e-mail : [vdل@umn.edu](mailto:vdل@umn.edu)

Web site :

[www.vdl.umn.edu](http://www.vdl.umn.edu)

## Canine Exercise Induced Collapse (EIC) Testing Form

### Collecting the Cheek Swab Samples:

1. Use two (minimum) to four swabs per dog. We recommend sending two sets of two swabs (four total), preferably collected one day apart. Sending swabs collected at different times lower the chances that insufficient cells were collected, or that oral contamination exists in both sets of swabs.
2. Label the swab packets with the dog's call name, the owner's last name, permanent identification or registration number (if applicable) and collection date.
3. Label a standard paper (letter size) envelope with the same information as in #2.
4. Open the swab package at the handle end (NOT the collection tip end) and carefully peel the package away to within about an inch of the end. Remove the first swab. Do not touch the collection tip of the swab.
5. Do not allow the tip of the swab to touch anything other than the inside of the dog's mouth and the inside of the packaging.
6. While holding the handle end of the swab, insert the tip along the inside of the cheek. Rotate the collection tip along the inside of the cheek for **20 seconds**. Push the outside of the dog's cheek while rotating the swab and firmly press the swab between the gum and cheek to enhance cell collection.
7. Hold the swab while it air dries completely. Do NOT blow on the swab.
8. Reinsert the tip of the swab into the closed end of the package and remove the second swab. If your swabs came in plastic containers, put the swab directly into the labeled paper envelope you have prepared. **DO NOT** use the plastic container, as plastic containers promote microbial overgrowth.
9. Repeat the above steps on the other cheek with the remaining swab(s) (i.e. 2-4 swabs/dog).
10. Place the packaged swabs in the labeled paper envelope (NOT a plastic bag). Do NOT put the testing form in the envelope with the swabs.
11. Send the sample and completed EIC testing form following the packaging instructions below.

### Packaging Cheek Swab Samples:

A major concern in using cheek swabs is the possibility of microbial growth on the swab after the sample has been collected. This is particularly a problem during hot and humid times of the year. To reduce the chance for contamination, do not store the swabs (used or unused) in sealed plastic bags. Do not freeze them or store them in the refrigerator where condensation can more easily occur. Ice packs should NOT be used for shipping cheek swab samples. Be prepared to ship the cheek swab sample as soon as possible after it is collected.

By following the instructions you will have placed the air-dried swabs in a labeled, clean paper envelope. Do NOT put the EIC testing form in the envelope with the swabs. Place the labeled envelopes, the Submission List (Page 1) and submission form(s) (Pages 2-17), and payment by check/money order/credit card authorization into a sturdy mailing envelope. Write "Do Not Bend" on the outside. Send this package to:

**Veterinary Diagnostic Laboratory  
University of Minnesota  
1333 Gortner Ave  
St. Paul, MN 55108, USA**

*Cheek Swab testing protocol adapted from OptiGen, LLC*

<http://www.optigen.com/>

Page 23 of 23