SYS.FORM.054, Rev. 18 01/14/2015

Page 1 of 23

Veterinary Diagnostic Laboratory UNIVERSITY OF MINNESOTA 1333 Gortner Avenue. St. Paul, Minnesota 55108	Fax: (612) 624-8707 W	mail: vdl@umn.edu eb site: ww.vdl.umn.edu	For timely testing, please be sure to enclose the
Exercise Induced Collapse (EIC) -	- Page 1 - Submission	n List	Submission List
Contact Information Only <u>ONE</u> owner per list	Attending Veterinarian (if an	ny)	(Page 1) and the
Owner Name	Veterinarian		corresponding
Company / Alternate Contact	Clinic		Submission Form(s) (Pages 2)
Address	Address		Form(s) (Pages 2 -17), along with
City State Zip	CityState		payment.
Country	Country		For current test price,
Phone Fax	Phone Fa		please see link: Fees and Test
e-mail	e-mail		<u>Information</u>
Result Reporting (Choose <u>ONE)</u> :	Payment Method (Must be en		t):
e-mail: Owner Vet Clinic	Check#	Gift Certificat	e Money Order
Fax: Owner Vet Clinic	☐ Credit Card (Authorization Fo	rm IND Re-subm	ission
Dog # 2 Dog # 3 Dog # 4 Dog # 5		Blood Cheek Swabs EBlood	Dew Claws Semen  Dew Claws Semen
Dog # 6		Blood Cheek Swabs [	Dew Claws Semen
Dog # 7		Blood Cheek Swabs	Dew Claws Semen
Dog # 8	i	Blood Cheek Swabs	Dew Claws Semen
Dog # 9		Blood Cheek Swabs	☐ Dew Claws ☐ Semen
Dog # 10	I	Blood Cheek Swabs	Dew Claws Semen
Dog # 11		Blood Cheek Swabs	Dew Claws Semen
Dog # 12		Blood Cheek Swabs	Dew Claws Semen
Dog # 13		Blood Cheek Swabs	Dew Claws Semen
Dog # 14		Blood Cheek Swabs	Dew Claws Semen
Dog # 15		Blood Cheek Swabs	Dew Claws Semen
Dog # 16		Blood Cheek Swabs	Dew Claws Semen

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**Submission List** 

(612) 624-8707 Web site:

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

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

Phone:

Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
	Clinic	For current test price, please see link:
City State Zip	City State Zip	Fees and Test
Country	Country	Information
	Phone Fax	Payment Method  Check#
e-mail	e-mail	Gift Certificate
Animal Information	Result Reporting (Choose <u>ONE</u> ):	☐ Money Order
<b>Submission List (Page 1): Dog #1</b>	e-mail: Owner Vet Clinic	☐ Credit Card (Authorization Form
	Fax: Owner Vet Clinic	attached)
Dog # 1 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Breed	control of the rear limbs during highly exciting or st  Yes No If yes, note all that apply:  Rear limbs seem floppy, and don't seem to hold  Dog drags its rear limbs while continuing to run  Dog seems to have trouble maintaining balance  Dog's limbs seem stiffer than normal and held so  Front limbs Rear limbs Bo  Other  Activities that cause collapse (check all that apply  Field Trial Training	ressful activity)?  I up the dog's weight  and will fall over to the side straight and stiff  oth
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID MUST BE VERIFIED AT THE TIME OF TESTING.	☐ Swimming ☐ Other	Fun Bumpers
Sire	Does your dog have a history of (check all that ap  Loss of Muscle Mass	pply):  Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial Hunt Test Conformatio	Respiratory Difficulties	Abnormal Heart Rhythm
·· — — — —	Abnormal Thyroid Function	Narcolepsy
☐ Pet ☐ Service ☐ Other	Cranial Cruciate Ligament (CCL) Rupture [	Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or veterin  I DID verify tattoo/microchip on this dog. I DID NOT	T verify tattoo/microchip on this dog.   Date	Sample Type  Whole Blood Cheek Swabs  Semen Dew Claws

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**Submission List** 

(Dogo 1) of the

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

Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Alternate Contact	Clinic Address	Tor current test price,
City State Zip	City State Zip	Fees and Test
Country	Country	Information
Phone Fax	Phone Fax	Payment Method
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 2	e-mail: Owner Vet Clinic	Credit Card
Submission List (1 age 1) . Dog " 2	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 2 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spe	
Breed	control of the rear limbs during highly exciting or	stressful activity)?
Sex Male Female Intact Yes No	$\square$ Yes $\square$ No If yes, note all that apply:	11 4 1 1 1 1 1
	Rear limbs seem floppy, and don't seem to hold Dog drags its rear limbs while continuing to r	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining balance	
Color	Dog's limbs seem stiffer than normal and held	
Registered Name	Front limbs Rear limbs I	_
	Other	
Reg. #	Activities that cause collapse (check all that app	ply):
	Field Trial Training	☐ Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	11 07
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial Hunt Test Conformation	on Respiratory Difficulties  Abnormal Thyroid Function	☐ Abnormal Heart Rhythm ☐ Narcolepsy
☐ Pet ☐ Service ☐ Other		,
Owner's Signature	Date	
To be completed by attending veterinarian or veterin	nary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT	T verify tattoo/microchip on this dog.   No tattoo/microchip	
Signature	Date	Semen Dew Claws
~- <u>m</u>	2	

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Exercise Induced Collapse (EIC) - Submission Form - Dog #	Exercise I	nduced (	Collapse	(EIC) -	Subm	nission	Form -	· Dog #
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Phone:

Contact Information - Owner	Attending Veterinarian (if any)	(Page 1) of the EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Alternate Contact	Clinic	For current test price,
Address	Address	please see link:
City State Zip	City State Zip	Fees and Test
Country	Country	<u>Information</u>
	Phone Fax	Payment Method  Check#
	e-mail	Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 3	e-mail: Owner Vet Clinic	Credit Card
Submission List (Luge 1) . Dog " e	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 3 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spec	cifically, loss of
Breed	control of the rear limbs during highly exciting or s	tressful activity)?
Sex Male Female Intact Yes No	<ul> <li>Yes No If yes, note all that apply:</li> <li>Rear limbs seem floppy, and don't seem to hole</li> </ul>	d up the deals weight
	Dog drags its rear limbs while continuing to ru	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining balanc	
Color	Dog's limbs seem stiffer than normal and held	
Registered Name	Front limbs Rear limbs B	_
	Other	
	A sticked by a service allower (about all distances	1-2.
Reg. #	Activities that cause collapse (check all that appl	Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION	Swimming	☐ Fun Bumpers
INFORMATION AT A LATER DATE, A PERMANENT ID MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	apply):
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial Hunt Test Conformatio	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	Abnormal Thyroid Function	Narcolepsy
	Cranial Cruciate Ligament (CCL) Rupture	Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or veterin	<u> </u>	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT	Γ verify tattoo/microchip on this dog. ☐ No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws

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**Submission List** 

(Dogo 1) of the

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

Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Alternate Contact	ClinicAddress	Tor current test price,
City State Zip	CityStateZip	Fees and Test
Country	Country	Information
Phone Fax	Phone Fax	Payment Method  Check#
e-mail	e-mail	Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 4	Oranga Vet Clinic	Credit Card (Authorization Form
	Fax: Owner Vet Clinic	attached)
Dog # 4 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	this this dog experienced episodes of contapse (sp	
Breed	control of the rear limbs during highly exciting or  Yes No If yes, note all that apply:	stressful activity)?
Sex Male Female Intact Yes No		old up the dog's weight
Date of Birth (mm/dd/yyyy)	☐ Dog drags its rear limbs while continuing to r	run
	Dog seems to have trouble maintaining balan	ace and will fall over to the side
Color	■ Dog's limbs seem stiffer than normal and held	d straight and stiff
Registered Name	Front limbs Rear limbs	Both
	Other	
Reg. #	Activities that cause collapse (check all that app	ply):
	Field Trial Training	Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that	11 0/
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures  Respiratory Difficulties	<ul><li>☐ Hypoglycemia</li><li>☐ Abnormal Heart Rhythm</li></ul>
Type : Field Trial 🔲 Hunt Test 🗌 Conformati	Respiratory Difficulties  Abnormal Thyroid Function	Narcolepsy
☐ Pet ☐ Service ☐ Other		_ , ,
Owner's Signature	Date	
To be completed by attending veterinarian or veteri	inary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NO	OT verify tattoo/microchip on this dog.   No tattoo/microchip	
Signature	Date	Semen Dew Claws

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

•	Attending Veterinarian (if any)	(Page 1) of the EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
	Clinic	For current test price,
Address	Address	please see link:
City State Zip	City State Zip	Fees and Test
Country	Country	Information Payment Method
Phone Fax	Phone Fax	Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 5	e-mail: Owner Vet Clinic	Credit Card
Submission Dist (1 age 1) . Dog " 5	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 5 Label	- H. ( 0 DI : 15; I:	☐ IND Re-submission
Call Name	History & Physical Findings	VDL #D
	<ul> <li>Has this dog experienced episodes of collapse (Spe control of the rear limbs during highly exciting or s</li> </ul>	
Breed	Yes ☐ No If yes, note all that apply:	
Sex Male Female Intact Yes No	Rear limbs seem floppy, and don't seem to hole	d up the dog's weight
Date of Birth (mm/dd/yyyy)	☐ Dog drags its rear limbs while continuing to ru	an
· · · · · · · · · · · · · · · · · · ·	Dog seems to have trouble maintaining balanc	ee and will fall over to the side
Color Registered Name	Dog's limbs seem stiffer than normal and held	•
Registered Name	Front limbs Rear limbs B	Soth
	Other	
Reg. #	Activities that cause collapse (check all that app	oly):
Reg. #	Field Trial Training	☐ Hunt Test
Tattoo / Microchip	Upland Game Hunting	☐ E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	ipply):
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	☐ Abnormal Thyroid Function ☐ Cranial Cruciate Ligament (CCL) Rupture	☐ Narcolepsy ☐ Myasthenia Gravis
Ownor's Signature	Date	
Owner's Signature		
To be completed by attending veterinarian or veterin	•	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT	reverify tattoo/microchip on this dog.  No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws

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Phone:

Contact Information - Owner	Attending Veterinarian (if any)	(Page 1) of the
	, <i>V</i>	EIC test form along with
Owner Name	Veterinarian	payment.
Company / Alternate Contact	Clinic	•
	Address	For current test price, please see link:
	City State Zip	Fees and Test
Country	Country	<u>Information</u>
	Phone Fax	Payment Method  Check#
e-mail	e-mail	Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 6	e-mail: Owner Vet Clinic	Credit Card (Authorization Form
· · · · · · · · · · · · · · · · · · ·	Fax: Owner Vet Clinic	attached)
Dog # 6 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spe	
Breed	control of the rear limbs during highly exciting or s	
Sex Male Female Intact Yes No	Yes No If yes, note all that apply:	
Sex Male Female Intact 1es No	Rear limbs seem floppy, and don't seem to hole	
Date of Birth (mm/dd/yyyy)	Dog drags its rear limbs while continuing to ru	
Color	Dog seems to have trouble maintaining balanc	
Registered Name	Dog's limbs seem stiffer than normal and held  Front limbs Rear limbs □ B	_
	Other	
	A statistical data are a substitution (charles II data are	1-2.
Reg. #	Activities that cause collapse (check all that apple   Field Trial Training	Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION	Swimming	☐ Fun Bumpers
INFORMATION AT A LATER DATE, A PERMANENT ID MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	pply):
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial Hunt Test Conformatio	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	Abnormal Thyroid Function Cranial Cruciate Ligament (CCL) Rupture	<ul><li>☐ Narcolepsy</li><li>☐ Myasthenia Gravis</li></ul>
Owner's Signature	Date	iviyusineinu Otuvis
To be completed by attending veterinarian or veterin	•	Sample Type
LI DID verify tattoo/microchip on this dog. LI DID NOT	Γ verify tattoo/microchip on this dog. ☐ No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws

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

Contact Information - Owner	Attending Veterinarian (if any)	(Page 1) of the
Contact Information Owner	recentling veterimarian (it any)	EIC test form
Owner Name	Veterinarian	along with
Company / Alternate Contact	Clinic	payment.
Address	Address	For current test price, please see link:
City State Zip	City State Zip	Fees and Test
Country	Country	Information
Phone Fax	Phone Fax	Payment Method  Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 7	e-mail: Owner Vet Clinic	Credit Card (Authorization Form
D#71-1-1	Fax: Owner Vet Clinic	attached)
Dog # 7 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spec	
Breed	control of the rear limbs during highly exciting or s  Yes No If yes, note all that apply:	tressful activity)?
Sex Male Female Intact Yes No		d un the dog's weight
	Dog drags its rear limbs while continuing to ru	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining balanc	
Color	Dog's limbs seem stiffer than normal and held	
Registered Name	Front limbs Rear limbs B	_
	Other	
Dec. #	Activities that cause collapse (check all that appl	ly):
Reg. #	- ` `	Hunt Test
Tattoo / Microchip	Upland Game Hunting	☐ E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	apply):
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial Hunt Test Conformation	Respiratory Difficulties  Abnormal Thyroid Function	Abnormal Heart Rhythm  Narcolepsy
☐ Pet ☐ Service ☐ Other	Cranial Cruciate Ligament (CCL) Rupture	Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or veterin	nary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NO	T verify tattoo/microchip on this dog.   No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws
Ø		

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**Submission List** 

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

Phone:

Toll Free: 1-800-605-8787

Exercise induced Collapse (EIC) - Su	lbmission Form - Dog # 8	(Page 1) of the
Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
	ClinicAddress	For current test price, please see link:
		Fees and Test
	City State Zip	<u>Information</u>
	Country	Payment Method
Phone Fax	Phone Fax	Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose <u>ONE</u> ):	☐ Money Order
Submission List (Page 1): Dog # 8	e-mail: Owner Vet Clinic  Fax: Owner Vet Clinic	Credit Card (Authorization Form attached)
Dog # 8 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name  Breed  Sex	Has this dog experienced episodes of collapse (Specontrol of the rear limbs during highly exciting or s  Yes No If yes, note all that apply:  Rear limbs seem floppy, and don't seem to hold  Dog drags its rear limbs while continuing to ru  Dog seems to have trouble maintaining balanc  Dog's limbs seem stiffer than normal and held  Front limbs Rear limbs B  Other	d up the dog's weight un the and will fall over to the side straight and stiff Both
Reg. #	Activities that cause collapse (check all that app)  Field Trial Training	ly):    Hunt Test
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.	Upland Game Hunting Swimming Other	☐ E-collar Correction ☐ Fun Bumpers
Sire	Does your dog have a history of (check all that a	apply):
Sire	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type :☐ Field Trial ☐ Hunt Test ☐ Conformatio	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	☐ Abnormal Thyroid Function ☐ Cranial Cruciate Ligament (CCL) Rupture	<ul><li>☐ Narcolepsy</li><li>☐ Myasthenia Gravis</li></ul>
Owner's Signature	Date	
To be completed by attending veterinarian or veterin  I DID verify tattoo/microchip on this dog.  I DID NOT	T verify tattoo/microchip on this dog.   Date	Sample Type  Whole Blood Cheek Swabs  Semen Dew Claws
Nignature	Date	

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

1 \	Attending Veterinarian (if any)	(Page 1) of the
Contact Information - Owner	According Vecermarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company / Alternate Contact	Clinic	payment.
	Address	For current test price, please see link:
	City State Zip	Fees and Test
	Country	<u>Information</u>
	Phone Fax	Payment Method  Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 9	e-mail: Owner Vet Clinic	Credit Card
Submission List (Fage 1) : Bog "	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 9 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spe	
Breed	control of the rear limbs during highly exciting or s	stressful activity)?
Sex Male Female Intact Yes No	<ul><li>Yes □ No If yes, note all that apply:</li><li>□ Rear limbs seem floppy, and don't seem to hole</li></ul>	d up the dog's weight
	Dog drags its rear limbs while continuing to ru	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining balance	
Color	☐ Dog's limbs seem stiffer than normal and held	
Registered Name	Front limbs Rear limbs B	_
	Other	
Reg. #	Activities that cause collapse (check all that app	oly):
Reg. #	Field Trial Training	☐ Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	ipply):
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type: Field Trial Hunt Test Conformatio	Respiratory Difficulties  Abnormal Thyroid Function	☐ Abnormal Heart Rhythm ☐ Narcolepsy
Pet Service Other	Cranial Cruciate Ligament (CCL) Rupture	_
Owner's Signature	Date	
To be completed by attending veterinarian or veterin	ary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT	•	Whole Blood Cheek Swabs
Signatura	Date	Semen Dew Claws
Signature	Date	

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

Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Alternate Contact	Address	For current test price, please see link:
City State Zip	City State Zip	Fees and Test
Country	Country	<u>Information</u>
Phone Fax	Phone Fax	Payment Method  Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog #	e-mail: Owner Vet Clinic	Credit Card
Submission List (1 age 1). Dog #	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 10 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	trus time deg emperione de episedes er compse (spe	
Breed	control of the rear limbs during highly exciting or s	stressful activity)?
Sex Male Female Intact Yes N	Yes $\square$ No If yes, note all that apply:	ld up the deale weight
	Rear limbs seem floppy, and don't seem to hol  Dog drags its rear limbs while continuing to re	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining balance	
Color	☐ Dog's limbs seem stiffer than normal and held	
Registered Name	Front limbs Rear limbs E	_
	Other	
Reg. #	Activities that cause collapse (check all that app	oly):
	— ☐ Field Trial Training	☐ Hunt Test
Tattoo / Microchip		E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	11 07
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial 🔲 Hunt Test 🗌 Conforma	Respiratory Difficulties  Abnormal Thyroid Function	☐ Abnormal Heart Rhythm ☐ Narcolepsy
☐ Pet ☐ Service ☐ Other		
Owner's Signature	Date	
To be completed by attending veterinarian or veter	rinary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID N	OT verify tattoo/microchip on this dog.   No tattoo/microchip	☐ Whole Blood☐ Cheek Swabs
Signature	Date	Semen Dew Claws

University of Minnesota

1333 Gortner Avenue. St. Paul, Minnesota 55108

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

Please be sure to

enclose the

**Submission List** 

(612) 624-8707 Web site:

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

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

•	Attending Veterinarian (if any)	(Page 1) of the EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Alternate Contact	Clinic	For current test price,
Address	Address	please see link:
City State Zip	City State Zip	Fees and Test Information
Country	Country	Payment Method
Phone Fax	Phone Fax	Check#
e-mail_	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 1	e-mail: Owner Vet Clinic	Credit Card (Authorization Form
	Fax: Owner Vet Clinic	attached)
Dog # 11 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spe	
Breed	control of the rear limbs during highly exciting or s	stressful activity)?
Sex Male Female Intact Yes No	<ul> <li>Yes □ No If yes, note all that apply:</li> <li>Rear limbs seem floppy, and don't seem to hole</li> </ul>	d up the dog's weight
	Dog drags its rear limbs while continuing to ru	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining balance	
Color	☐ Dog's limbs seem stiffer than normal and held	
Registered Name	Front limbs Rear limbs B	Both
	Other	
	A stinition that some colleges (about all that one	La
Reg. #	Activities that cause collapse (check all that app	Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION	Swimming	☐ Fun Bumpers
INFORMATION AT A LATER DATE, A PERMANENT ID MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	ipply):
Sire	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type :☐ Field Trial ☐ Hunt Test ☐ Conformation	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	Abnormal Thyroid Function Cranial Cruciate Ligament (CCL) Rupture	☐ Narcolepsy ☐ Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or veterin	nary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NO	$\Gamma$ verify tattoo/microchip on this dog. $\square$ No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws

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Phone:

Exercise Induced Collapse (EIC) - Si	ubmission Form - Dog # 12	(Page 1) of the
Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Alternate Contact	Clinic	For current test price,
Address	Address	please see link:
City State Zip	City State Zip	Fees and Test Information
Country	Country	Payment Method
Phone Fax	Phone Fax	Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
<b>Submission List (Page 1): Dog # 1</b>	e-mail: Owner Vet Clinic	Credit Card (Authorization Form
	Fax: Owner Vet Clinic	attached)
Dog # 12 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	Has this dog experienced episodes of collapse (Spe	• .
Breed	control of the rear limbs during highly exciting or s  Yes No If yes, note all that apply:	stressful activity)?
Sex Male Female Intact Yes No		d up the dog's weight
Date of Birth (mm/dd/yyyy)	Dog drags its rear limbs while continuing to ru	
Date of Birth (min/dd/yyyy)	Dog seems to have trouble maintaining balance	ce and will fall over to the side
Color	☐ Dog's limbs seem stiffer than normal and held	straight and stiff
Registered Name	Front limbs Rear limbs E	Both
	Other	
Reg. #	Activities that cause collapse (check all that app	ıly):
	Field Trial Training	Hunt Test
Tattoo / Microchip TO LIDDATE A DOCIS REPORT WITH RECISTRATION	Upland Game Hunting	☐ E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	
Down	<ul><li>☐ Loss of Muscle Mass</li><li>☐ Seizures</li></ul>	Abnormal Muscle Biopsy Hypoglycemia
Dam	Respiratory Difficulties	Abnormal Heart Rhythm
Type: Field Trial Hunt Test Conformation	Abnormal Thyroid Function	☐ Narcolepsy
Pet Service Other	Cranial Cruciate Ligament (CCL) Rupture	Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or veteri	•	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NO	T verify tattoo/microchip on this dog.   No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws

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

Exercise induced Collapse (EIC) - S	Submission Form - Dog # 13	(Page 1) of the
Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company / Alternate Contact		payment.
	Clinic	Tor current test price,
Address	Address	East and Test
City State Zip	CityStateZip	Information
Country	Country	Payment Method
Phone Fax	Phone Fax	Check#
e-mail	e-mail	Gift Certificate
Animal Information	Result Reporting (Choose <u>ONE</u> ):	☐ Money Order
<b>Submission List (Page 1): Dog #</b>	e-mail: Owner Vet Clinic	Credit Card (Authorization Form
	Fax: Owner Vet Clinic	attached)
Dog # 13 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	— Has this dog experienced episodes of colla	- · · -
Breed	control of the rear limbs during highly exc  Yes No If yes, note all that a	•
Sex Male Female Intact Yes N		•••
Date of Birth (mm/dd/yyyy)	☐ Dog drags its rear limbs while continu	
Date of Birth (mm/dd/yyyy)	Dog seems to have trouble maintaining	ng balance and will fall over to the side
Color	Dog's limbs seem stiffer than normal	and held straight and stiff
Registered Name	Front limbs Rear lim	bs Both
	Other Other	
Reg. #	Activities that cause collapse (check all t	that apply):
	Field Trial Training	☐ Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check a	
	Loss of Muscle Mass Seizures	Abnormal Muscle Biopsy Hypoglycemia
Dam	Respiratory Difficulties	Abnormal Heart Rhythm
Type : Field Trial Hunt Test Conforma	Abnormal Thyroid Function	Narcolepsy
☐ Pet ☐ Service ☐ Other	Cranial Cruciate Ligament (CCL)	,
Owner's Signature	Date	
To be completed by attending veterinarian or vete	•	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID N	OT verify tattoo/microchip on this dog.   No tattoo/m	
Signature	Date	Semen Dew Claws

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Please be sure to

enclose the

**Submission List** 

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

Phone:

Contact Information - Owner	Attending Veterinarian (if any)	(Page 1) of the EIC test form
Owner Name	Veterinarian	along with
Company / Alternate Contact		payment.
	Clinic	For current test price,
Address	Address	please see link: Fees and Test
City State Zip	CityState Zip	<u>Information</u>
Country	Phone Fax	Payment Method  Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose <u>ONE</u> ):	☐ Money Order
Submission List (Page 1): Dog # 1	e-mail: Owner Vet Clinic Fax: Owner Vet Clinic	Credit Card (Authorization Form
Dog # 14 Label	History & Physical Findings	attached)  IND Re-submission
Call Name	Has this dog experienced episodes of collapse (Spe	VDL #D
Breed	control of the rear limbs during highly exciting or s  Yes No If yes, note all that apply:	• .
Sex Male Female Intact Yes No		d up the dog's weight
Date of Birth (mm/dd/yyyy)	☐ Dog drags its rear limbs while continuing to re	
Date of Diftii (illiii/dd/yyyy)	Dog seems to have trouble maintaining balance	ce and will fall over to the side
Color	☐ Dog's limbs seem stiffer than normal and held	straight and stiff
Registered Name	Front limbs Rear limbs E	Both
	Other	
Reg. #	Activities that cause collapse (check all that app	oly):
Reg. #	Field Trial Training	☐ Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID MUST BE VERIFIED AT THE TIME OF TESTING.	☐ Swimming ☐ Other	☐ Fun Bumpers
G:	Does your dog have a history of (check all that a	apply):
Sire	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial Hunt Test Conformation	Respiratory Difficulties	Abnormal Heart Rhythm
Pet Service Other	☐ Abnormal Thyroid Function ☐ Cranial Cruciate Ligament (CCL) Rupture	☐ Narcolepsy ☐ Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or veterin	nary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID NO	T verify tattoo/microchip on this dog.   No tattoo/microchip	☐ Whole Blood☐ Cheek Swabs
Signature	Date	Semen Dew Claws

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

Fax:

•	Attending Veterinarian (if any)	(Page 1) of the
Contact Information Owner	recentling vecerimarian (ir uniy)	EIC test form
	Veterinarian	along with
Company / Alternate Contact	Clinic	payment.
	Address	For current test price, please see link:
City State Zip	City State Zip	Fees and Test
Country	Country	<u>Information</u>
Phone Fax	Phone Fax	Payment Method  Check#
e-mail	e-mail	Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog # 15	e-mail: Owner Vet Clinic	Credit Card
Submission List (1 age 1). Dog # 1.	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 15 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	<ul> <li>Has this dog experienced episodes of collapse (Spe</li> </ul>	
	control of the rear limbs during highly exciting or s	•
Breed	$ \square$ Yes $\square$ No If yes, note all that apply:	
Sex Male Female Intact Yes No	Rear limbs seem floppy, and don't seem to hol	d up the dog's weight
Date of Birth (mm/dd/yyyy)	Dog drags its rear limbs while continuing to ru	
	Dog seems to have trouble maintaining balance	
Color	Dog's limbs seem stiffer than normal and held	_
Tegritor ou Trume	Front limbs Rear limbs E	30th
	Other	
Reg. #	Activities that cause collapse (check all that app	oly):
	Field Trial Training	Hunt Test
Tattoo / Microchip	Upland Game Hunting	E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	apply):
	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type : Field Trial 🔲 Hunt Test 🗌 Conformatio	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	Abnormal Thyroid Function Cranial Cruciate Ligament (CCL) Rupture	<ul><li>☐ Narcolepsy</li><li>☐ Myasthenia Gravis</li></ul>
Owner's Signature	Date	Ivryustnema Gravis
To be completed by attending veterinarian or veterin	•	Sample Type
LI I DID verify tattoo/microchip on this dog. LI I DID NOT	Γ verify tattoo/microchip on this dog. ☐ No tattoo/microchip	Whole Blood Cheek Swabs
Signature	Date	Semen Dew Claws

Please be sure to

enclose the

**Submission List** 

University of Minnesota

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(612) 624-8707 Web site:

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Exercise Indu	ced Collapse	(EIC)	- Submission F	orm - Dog # 16
---------------	--------------	-------	----------------	----------------

Fax:

Contact Information - Owner	Attending Veterinarian (if any)	EIC test form
Owner Name	Veterinarian	along with
Company /		payment.
Address		For current test price,
		Fees and Test
City State Zip	CityState Zip	Information
Country	Country	Payment Method
Phone Fax	Phone Fax	Check#
e-mail	e-mail	☐ Gift Certificate
Animal Information	Result Reporting (Choose ONE):	☐ Money Order
Submission List (Page 1): Dog #	16 e-mail: Owner Vet Clinic	Credit Card
Submission List (1 age 1). Dog #	Fax: Owner Vet Clinic	(Authorization Form attached)
Dog # 16 Label	History & Physical Findings	☐ IND Re-submission VDL #D
Call Name	—— Has this dog experienced episodes of collapse (Spe	ecifically, loss of
Breed	control of the rear limbs during highly exciting or s	
	$\square$ Yes $\square$ No If yes, note all that apply:	
Sex Male Female Intact Yes N	Real limbs seem noppy, and don't seem to not	
Date of Birth (mm/dd/yyyy)	Dog drags its rear limbs while continuing to r	
Color	Dog seems to have trouble maintaining balance	
Registered Name	Dog's limbs seem stiffer than normal and held Front limbs Rear limbs F	•
	Other Other	35011
D #	Activities that cause collapse (check all that app	oly):
Reg. #	Field Trial Training	Hunt Test
Tattoo / Microchip	Upland Game Hunting	☐ E-collar Correction
TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID	Swimming	☐ Fun Bumpers
MUST BE VERIFIED AT THE TIME OF TESTING.	Other	
Sire	Does your dog have a history of (check all that a	apply):
Sire	Loss of Muscle Mass	Abnormal Muscle Biopsy
Dam	Seizures	Hypoglycemia
Type :☐ Field Trial ☐ Hunt Test ☐ Conforma	Respiratory Difficulties	Abnormal Heart Rhythm
☐ Pet ☐ Service ☐ Other	Abnormal Thyroid Function	Narcolepsy
Tet Service Unite	Cranial Cruciate Ligament (CCL) Rupture	Myasthenia Gravis
Owner's Signature	Date	
To be completed by attending veterinarian or vete	rinary technician:	Sample Type
☐ I DID verify tattoo/microchip on this dog. ☐ I DID N	${f NOT}$ verify tattoo/microchip on this dog. $\ \square$ No tattoo/microchip	☐ Whole Blood☐ Cheek Swabs
Signature	Date	Semen Dew Claws

Please be sure to

enclose the

**Submission List** 

# 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 : vdl@umn.edu

Web site:

www.vdl.umn.edu

### 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.

ard Holder Inform	ation:		Billing Informa	tion (If different):
ner Name			Card Holder's Nam	e
npany / ernate Contact			Company / Alternate Contact	
lress			Billing Address	
	State Zip		City	State Zip
intry			Country	
ne	Fax		Phone	Fax
ail			e-mail	
Card Type:	#	-	-	-
(A	merican Express not ac	ecepted.)		
<b>Expiration Dat</b>	e (MM/YYYY):			
	21	=		
# of Tests				
	Test Price	1 0tai		
Cardholder Nam	Test Price		orint)	

# Veterinary Diagnostic Laboratory UNIVERSITY OF MINNESOTA

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e-mail : vdl@umn.edu

Web site:

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## **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 <u>online submission form</u>. 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 <u>link</u>. 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 <u>Submission Form (Pages 2-17)</u> for <u>each</u> 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
  - o 1-3 mls of un-clotted whole blood in an EDTA tube (not serum)
  - o 2 dew claws in an empty tube/bag
  - o 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

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 : vdl@umn.edu Web site : www.vdl.umn.edu

## 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 <u>LAVENDER-TOPPED EDTA TUBE</u> 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.

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:

Web site :
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.

Toll Free: 1-800-605-8787

**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 <u>MUST</u> 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.

University of Minnesota

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## 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 <a href="http://www.ezswabs.com/">http://www.ezswabs.com/</a>. 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.

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### **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:**

SYS.FORM.054. Rev. 18 01/14/2015

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**