

CANINE GENETICS TESTING - INDIVIDUAL

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
 P: 765-494-7440 F: 765-494-9181

HEEKE ADDL - SIPAC
 11367 E Purdue Farm Road
 Dubois, IN 47527-9666
 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY	# PAGES:	CONDITION:
DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL
 BARCODE

VETERINARIAN: (If Involved)

OWNER:

Name _____

License #, Licensing Body _____

Clinic _____

Address _____

City, State/Province, ZIP _____

Phone _____ Fax _____

Results: Fax Email _____

Name _____

Address _____

City, State/Province, ZIP _____

Phone _____

Kennel Name _____

Additional Results by:
 Email _____ Fax _____

PAID: \$ _____ / \$ _____

Ref. #: _____

Ref. Acc. #: _____

Initials/Date: _____

All samples submitted will have Dr. Kari Ekenstedt with Purdue University's College of Veterinary Medicine, Basic Medical Sciences Department as the listing veterinarian. By submitting samples to the ADDL, you consent to allow Dr. Ekenstedt full access to the samples and results, which may be used in further research. Any use of such samples and results will be grouped and anonymized in order to maintain confidentiality.

ANIMAL:

Call Name _____

Species _____

Breed _____

Sex _____ Intact? Yes No

DOB _____ Age _____ day wk mo yr

Sample Type:

Test Requests:

- | | |
|---|--|
| <input type="checkbox"/> Cheek swab | <input type="checkbox"/> Non-HSF4 Cataracts |
| <input type="checkbox"/> Whole blood (EDTA) | <input type="checkbox"/> Neuroaxonal Dystrophy |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Miniature American Shepherd Combo
(Non-HSF4 and Neuroaxonal Dystrophy) |
| | <input type="checkbox"/> Glycogen Storage Disease |

Owner Signature, Date _____

Question for All Dogs:

Has your dog had any health problems? Please describe and include the age of onset for any health problems. Include additional information we should know. Attach additional pages if needed.

Non-HSF4 Hereditary Cataracts:

Has your dog been tested for HSF4 cataracts? Yes No
 HSF4 test results: _____

Has your dog been diagnosed with cataracts? Yes No
 If yes, how was your dog diagnosed?

- Veterinary Ophthalmologist
- CERF / CAER
- Other: _____

What was the age of onset of cataracts in your dog?
 _____ (months years)

Has your dog had cataract surgery? Yes No

Registration Name

Registration Number _____

Registering Entity _____

Sire _____

Dam _____

Microchip/Tattoo _____

Signature & Date of ID Verification

Signature of a veterinary professional indicating animal identification has been verified with the animal listed on this form.

PAYMENT: Prepayment is required

include a copy of the paid receipt with submission

Visit the **ADDL TouchNet** website to pay for the testing BEFORE submitting samples to the ADDL. Review the online content regarding the fee structure before submitting the online payment. Testing will not begin until payment in full has been received. You can also access the payment page by scanning the QR code.



Neuroaxonal Dystrophy:

Age of Onset (circle one)

- | | |
|----------------------------------|---|
| Exercise intolerance | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Change in bark quality | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Difficulty breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Difficulty swallowing | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Stumbling or knuckling | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| High-stepping/hitched gait | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Exaggerated stomping of the rear | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Wobbly gait/loss of coordination | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |

Has your dog been diagnosed with neurological disease by a veterinarian or veterinary neurologist? Yes No If yes, please elaborate below.

Glycogen Storage Disease:

Age of Onset (circle one)

- | | |
|---------------------------------------|---|
| Exercise intolerance | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Lethargy/listlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Coughing/difficulty breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| Imaging (x-ray or ultrasound) | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |
| _____ indicating increased heart size | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (months years) |

Purdue University is an equal access/equal opportunity/affirmative action university. If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu. The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.