



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



**Dog Call Name:** \_\_\_\_\_

## Application for DNA Repository

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

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

**DO NOT SUBMIT SAMPLE WITH THIS INITIAL APPLICATION.**

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

**Sample Submission Kit Order**

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

**DNA Sample Submission Agreement**

I hereby donate, assign, and transfer a DNA sample of the dog named above to the CHIC DNA Repository for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of the CHIC DNA Repository. I authorize the OFA to provide any researchers receiving a portion of this sample with all necessary information including pedigree and health history to make the sample useful. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of, the DNA sample.

\_\_\_\_\_  
Signature of owner/agent

\_\_\_\_\_  
Date

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

<b>N/A</b>	<b>Collie Health Foundation</b>	<b>N/A</b>	<b>N/A</b>
_____ Visa/Master Card Number	_____ Name on Card	_____ Exp Date	_____ CVV (security code)



# CHIC DNA Repository Health Survey

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

## Eye Disorders Yes No

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

## Ear Disorders Yes No

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

## Skin Disorders Yes No

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

## Gastrointestinal Disorders Yes No

- Pyloric Stenosis
- Megaesophagus
- Cleft Palate
- Chronic Vomiting
- Choric Colitis
- Inflammatory Bowel Disease
- Other \_\_\_\_\_

## Respiratory Disorders Yes No

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

## Orthopedic Disorders Yes No

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

## Cardiac Disorders Yes No

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

## Urinary Disorders Yes No

- Ectopic Ureter
- Urinary Crystals/Stones
- Other \_\_\_\_\_

## Blood/Lymph Disorders Yes No

- Autoimmune Hemolytic Anemia
- Hemophilia (Type A or B)
- Idiopathic Thrombocytopenia
- vonWillebrand's disease (Symptomatic?)  Y  N
- Other \_\_\_\_\_

## Endocrine Disorders Yes No

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

## Reproductive Disorders Yes No

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

## Neurologic Disorders Yes No

- Epilepsy
- Caudea Equina Syndrome
- Degenerative Myelopathy
- Other \_\_\_\_\_

## Cancer/Tumors Yes No

- Mast cell tumor
- Lymphoma
- Hemangiosarcoma
- Testicular cancer
- Mammary cancer
- Osteosarcoma
- Other \_\_\_\_\_

**Collie Health Foundation, Inc.**  
**Supplemental CHIC Health Survey**

**Dog's Registered Name:** \_\_\_\_\_

**Dog's Registration Number:** \_\_\_\_\_

**Variety:**  Rough;  Smooth

**Coat Color:**

Sable;  Tricolor;  Blue Merle;  Sable Merle;  Color-Headed White;  Homozygous Merle.

If merle, which type (if known):  Cryptic merle;  Atypical merle ("Maltese");  Merle;  Harlequin merle.

**MDR1 Genetic Test :**  Normal/Normal;  Mutant/Normal;  Mutant/Mutant.

**Cyclic Neutropenia (Grey Collie):**  Normal/Normal;  Mutant/Normal;  Mutant/Mutant.

**Eye Disorders**

**Collie Eye Anomaly Genetic Test:**  Normal/Normal;  Mutant/Normal;  Mutant/Mutant.

**PRA-rcd2 Genetic Test:**  Normal/Normal;  Mutant/Normal;  Mutant/Mutant.

**Eye Certification:**  Abnormal;  Normal

If Abnormal, what findings?  Choroidal Hypoplasia;  Coloboma;  Optic Nerve Coloboma;

Retinal Detachment;  Retinal Folds;  Progressive Retinal Atrophy;  Microphthalmos.

Other \_\_\_\_\_

**Autoimmune Disorders**

**Dermatomyositis Risk Assessment Test Result:** \_\_\_\_\_

Confirmed by Biopsy;  Suspected.

**Systemic Lupus Erythematosus ANA (Anti-nuclear antibody) titer:**  Negative;  Low Positive ( $\leq 1:40$ );

High Positive ( $\geq 1:80$ ).

**Discoid Lupus (Collie Nose):**  Confirmed by Biopsy;  Suspected.

**Pemphigus:**  Confirmed by Biopsy;  Suspected.

**Gastrointestinal Disorders**

**Bloat:**  Bloat;  Parent Bloat;  Sibling Bloat;  Offspring Bloat.

**Renal Disorders**

**Canine Renal Dysplasia:**  Confirmed by Biopsy;  Suspected.

**Juvenile Renal Dysplasia:**  Confirmed by Biopsy;  Suspected.

**Amyloidosis:**  Confirmed by Biopsy;  Suspected.

**Reproductive Disorders**

Pyometra;  Uterine Cysts;  Small Litters;  Sterile.



# DNA Repository Submission Instructions via Blood Sample

## Your sample kit contains the following items:

### Blood Kit:

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

## Directions for submitting DNA sample via Blood Sample:

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

### University of Missouri Mailing Address

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

### OFA Mailing Address

OFA  
2300 E. Nifong Blvd.  
Columbia, MO 65201

**Additional Information:** Wrap tubes with bubble wrap. Use frozen Gel packs only (no ice of any kind). Place all questionnaires in 1 Ziploc bag inside the box. If stating contents on shipping label do not state "blood" simply write "DNA Samples".