

Stern Laboratory Sample Submission

Sample submission requirements:

- 1.) An EDTA blood sample (2-3ml in a purple top tube)
- 2.) A 3-generation pedigree if available
- 3.) A copy of medical records and/or echocardiogram, ultrasound, radiograph, etc

Please mail samples to:

**Stern Genetics Laboratory
NC State University
1051 William Moore Drive
Research Building Room 318A
Raleigh, NC 27607**

Blood drawn should be shipped with an icepack and overnighted back via FedEx or UPS. Please send any other documents, like the pedigree, veterinary report, etc., along with the blood sample, or email them to us at sternlaboratory@ncsu.edu

Contact Information

Principal Investigator
Joshua Stern

SUBMISSION FORM FOR DNA GENETIC RESEARCH

Canine Details: (Owner to Complete)

Kennel Club (KC) Registered Name: _____

Call Name: _____

KC Registered No.: _____ Which KC?: _____

Breed: _____ Sex: _____ Date of Birth: _____

Clinical Details: (Please include all required information in the shipment)

Veterinarian's Name: _____

Diagnosis: _____

Was a cardiology exam performed? _____ If so, what date and result? _____

Are you aware of any other dogs with this disease that are related to your dog? ____ If so, please describe relationship _____

Enclosed: (Owner to Complete)

____ Blood sample (2-3ml in an EDTA tube)

____ 3 to 5 generation pedigree

____ Copy of the medical records from time of diagnosis

____ Copy of ultrasound, radiograph or Echocardiogram

Owner Name: _____ Email _____ Phone: _____

Return Address:

Stern Genetics Laboratory
1051 William Moore Drive
Research Building Room 318A
Raleigh, NC 27607

I hereby consent that the sample submitted for research is of the dog described above. I accept that the designated institution undertaking the genetic research study has my permission to use this sample for research. I understand that the designated institution will not publish either my dog's name or my details.

Signature: _____ Date: _____