

Stern's Laboratory Sample Submission Information

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 the veterinary report
- 4.) Filled out enrollment form

Please mail samples to:

**Stern Lab c/o Eric Ontiveros
UC Davis School of Veterinary Medicine
Dept. of Medicine and Epidemiology
2108 Tupper Hall
One Shields Ave
Davis, CA 95616**

Blood drawn does not need to be mailed back with an ice pack or be shipped overnight. Samples can be shipped via standard mail, FedEx, or UPS. Please send your samples in a padded package with the pedigree, veterinary report, and enrollment form.

Contact Information

Principal Investigator
Joshua Stern

Laboratory Personnel
Eric Ontiveros
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(530) 752-4892

SUBMISSION FORM FOR SAS DNA GENETIC RESEARCH

Canine Details: *(Owner to Complete)*

KC Registered Name: _____

Call Name: _____

KC Registered No.: _____ Which KC?: _____

Breed: _____ Sex: _____ Date of Birth: _____

Clinical Details: *(Please do not complete for **Lab Personnel Only**. Please **include all required information** in your shipment.)*

Cardiologist Name: _____ Cardiology Exam Date: _____

Was sedation used? _____ Does the dog have a heart murmur? _____ If so, what grade? _____

Is *Aortic Insufficiency* or *Aortic Regurgitation* mentioned on the report? _____

Is *Mitral Insufficiency* or *Mitral Regurgitation* mentioned on the report? _____

Left Ventricle Measurements (*LV posterior* or *LV free wall in diastole*; *Interventricular septum in diastole usually in mm or cm*):

LVPWd: _____ IVSd: _____

Maximal Aortic Outflow tract velocity in meters/second, by subcostal continuous wave approach:

Normal (<1.9 m/s) _____ m/s **Equivocal** (1.9-2.5 m/s) _____ m/s **Affected** (>2.5 m/s) _____ m/s

Maximal Pulmonic Outflow tract velocity in meters per second:

Normal (<1.5 m/s) _____ m/s **Equivocal** (1.5-2.0 m/s) _____ m/s **Affected** (>2.0 m/s) _____ m/s

Family History of SAS or PS?: _____

Enclosed: *(Owner to Complete)*

___ Swabs or Blood sample (2-5ml in an EDTA tube). We prefer blood over swab samples.

___ 3 to 5 generation pedigree of the dog that sample is enclosed.

___ Please include cardiologist report that includes heart murmur findings and echocardiographic data.

Owner Name: _____ Email _____ Phone: _____

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

Signature: _____ **Date:** _____

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