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

<u>Laboratory Personnel</u>
Eric Ontiveros
<u>sterngenetics@ucdavis.edu</u>
(530) 752-4892

SUBMISSION FORM FOR SAS DNA GENETIC RESEARCH

Canine Details: (Owner to Co	omplete)			
KC Registered Name:				
Call Name:				
	.: Which KC?:			
Breed:	Sex:		Date of Birth:	
	ot complete for <u>Lab Personnel Only</u> .			
Cardiologist Name:	ame: Cardiology Exam Date:			
Was sedation used?	Does the dog have a heart i	murmur?	If so, what ${}_{\xi}$	grade?
Is Aortic Insufficiency or Aort	tic Regurgitation mentioned on the r	eport?		
Is Mitral Insufficiency or Miti	ral Regurgitation mentioned on the	report?		
Left Ventricle Measurements	s (LV posterior or LV free wall in dias	tole; Interventri	cular septum in diastole	usually in mm or cm):
LVPWd:		IVSd:		
Maximal Aortic Outflow trac	t velocity in meters/second, by subc	ostal continuous	s wave approach:	
Normal (<1.9 m/s)	<u>m/s</u> Equivocal (1.9-2.5 m/s)_	m/s	Affected (>2.5 m/s)	m/s
Maximal Pulmonic Outflow t	ract velocity in meters per second:			
Normal (<1.5 m/s)	<u>m/s</u> Equivocal (1.5-2.0 m/s)	m/s	Affected (>2.0 m/s)	<u>m/s</u>
Family History of SAS or PS?:				
Enclosed: (Owner to Comple				
Swabs or Blood sample (2-5ml in an EDTA tube). We prefer l	blood over swab	samples.	
3 to 5 generation pedigre	ee of the dog that sample is enclose	d.		
Please include cardiologi	ist report that includes heart murmu	ır findings and e	chocardiographic data.	
Owner Name:	Email		Phone:	
•	ple submitted for testing is of the dog arch has my permission to use this sam ame or my details.		-	
Signature:	Date:			

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