

## Japanese Chin GM2 Testing Request

**Blood Sample** - The ideal sample for DNA extraction is 3 to 5cc's of whole, unclotted blood, in **purple-topped (EDTA)** tubes (one or several, depending on tube size). For very small dogs, the minimum useful sample is about 1cc. More volume will yield more DNA, so in this situation, a larger sample is appreciated. The blood sample needs only to be put in the tubes and rocked gently a few times to distribute the anticoagulant - do **not** spin, extract serum, or do anything further. Refrigerate if the sample is being held for any time before shipping, but do not hold the sample longer than 1 week before shipping or it may become unusable.

**Frozen Semen** - Frozen semen stored from deceased sires or affected dogs can be a source of DNA for testing. Please send 1 straws or 5+ pellets. They do not need to be shipped frozen, but do pack them in a crush-proof & leak-proof container. Special handling fee is \$40 for this sample, in addition to the regular testing fee.

**Tissue Sample** - DNA can be extracted from any cell-rich tissue. If a dog is to be tested post-mortem, a 1" cube (or equivalent) of tongue, other muscle, spleen, kidney, or liver will provide a large amount of DNA (one tissue is sufficient – do not send multiple tissues). Tissue samples should be placed in a clearly labeled freezer bag or other sterile container and frozen. **DO NOT place in formalin!** Place the bagged tissue inside another bag, freeze, and ship with a frozen cool pack (do not use dry ice, or ice cubes placed in a ziplock bag). If this is the only sample (no blood sample available), add special handling fee of \$40 to regular testing fee.

***Label sample*** with the following:

call name - owner's last name

(If samples from several dogs are sent together, number samples and forms)

The ***Individual Dog Information Form & Survey*** that follow this instruction sheet should be completed, and a ***pedigree copy***, if available, should be included with the sample. If no pedigree information is available, please indicate this on the submission page.

**Include TESTING FEE of \$65** for dogs with *no clinical signs of GM2*; check or money order payable to "University of Missouri". Credit cards can be accepted also. **Dogs that do have clinical signs of GM2 will be tested at NO CHARGE if a blood sample is sent.**

***Shipping*** - Ideally the sample should be shipped immediately (with a tissue sample make certain it is completely frozen first). If samples are held for a day or over a weekend, blood must be refrigerated, and tissue samples must be kept frozen. Ship via overnight delivery (FedEx, US Mail-Express service, or UPS). ***Do not send on a Friday*** - there will not be anyone to accept the delivery on a weekend, and the sample could be unusable by Monday. Pack in a small insulated container (most vets have these for shipping samples to labs), with one or more cool packs - it is important that blood samples be kept cool but not frozen, and tissue samples be kept as frozen as possible.

**The delivery address is;**

Dr. Gary Johnson – GM2 Testing

320 Connaway Hall

University of Missouri

Columbia, MO 65211

(NOTE: if UPS does not recognize 320 Connaway as a valid address, use 201 Connaway)

**If you need clarification**, or have any questions about any of these procedures, please contact Liz Hansen by phone (573-884-3712), email (HansenL@missouri.edu), or regular mail (321 Connaway Hall, University of Missouri, Columbia, MO 65211).

***Thank you*** for your cooperation and participation!

## Japanese Chin GM2 DNA TEST REQUEST

Sample type: Blood – Tissue – FTA-swab – semen - other \_\_\_\_\_ Breed: Japanese Chin

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female - - Intact / Neutered

Microchip or Tattoo: \_\_\_\_\_ Color \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

**Test Being Requested: GM2 - gangliosidosis**

Owner: name \_\_\_\_\_ Veterinarian \_\_\_\_\_

address \_\_\_\_\_ address \_\_\_\_\_

city-st-zip \_\_\_\_\_ city-st-zip \_\_\_\_\_

phone (day) \_\_\_\_\_ phone \_\_\_\_\_

phone (eve) \_\_\_\_\_ \_\_\_\_\_

cell \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

**\*\*\*\*Results are reported via email – please provide complete, legible email address!\*\*\*\***

**Report test results to (please circle):** Owner Veterinarian Both

Does this dog show symptoms of gangliosidosis? Yes No (if Yes, please include clinical history)  
- or have relatives with symptoms? Yes No

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

|                                   |  |
|-----------------------------------|--|
| Y - N Allergies                   | Y - N Digestive difficulties                       |
| Y - N Arthritis                   | Y - N Heart Problems                               |
| Y - N Autoimmune Disorders        | Y - N Hernia (where? _____ )                       |
| Y - N Bite or Tooth Abnormalities | Y - N Reproductive Problems                        |
| Y - N Cancer / Tumors             | Y - N Seizures                                     |
| Y - N Cataracts / Vision Problems | Y - N Skin / Coat Problems                         |
| Y - N Deafness / Hearing Impaired | Y - N Skeletal Abnormalities (Hip Dysplasia, etc.) |
| Y - N Hindlimb weakness/paralysis | Y - N Temperament Problems (shy, aggressive, etc.) |

other (please list):

Other Comments / Questions / Concerns? \_\_\_\_\_

I submit this request as the owner or veterinarian designated by the owner; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email, and have included appropriate payment for this service; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_ date \_\_\_\_\_