

**BMD SOD1-B Testing Request**  
**For DNA samples already in the collection at the University of Missouri**

**REQUESTING A SOD1-B DNA TEST** – To order a SOD1-B test for a Bernese Mountain Dog that has been sampled previously for other testing, research projects, or DNA banking at the University of Missouri-Columbia, please follow these steps:

- **Complete the form on the following page.** You may have supplied some of this info when the sample was originally submitted, but we ask that you take this opportunity to update the current status of this dog. If you did not send a pedigree copy when the original sample was submitted, please include that information as well.
- **Choose how you want the results reported to you.** Please note that there is an additional charge for reports to be faxed or sent by surface mail.  
Report sent via email ----- test fee = \$35.00  
Report sent via FAX or surface mail ----- test fee = \$45.00
- **Send** the form, and a check or money order for the appropriate amount of US funds, payable to “University of Missouri”, or credit card info, to this address;

Dr. Gary Johnson – BMD SOD1-B Testing  
320 Connaway Hall  
University of Missouri  
Columbia, MO 65211

If paying by credit card, you may scan and email the request form to [HansenL@missouri.edu](mailto:HansenL@missouri.edu), or fax to 573-884-5414.

Plan on about 2 weeks turnaround time from the day requests arrive at our lab. We are not able to accommodate rush orders for this test. Please plan appropriately if testing potential breeding stock.

**PLEASE NOTE!** – This order form is ONLY to be used to request SOD1-B test results for dogs for which a DNA sample from a blood sample or FTA card (cheek swab/barcoded card) is **ALREADY IN THE COLLECTION at the University of Missouri-Columbia**. Samples sent to other laboratories are not eligible. Blood samples sent for the CHIC DNA Bank ARE eligible, brush swab samples sent for the CHIC DNA Bank are NOT eligible. FTA card samples (from DM testing ordered via OFA) are only eligible if there is adequate sample remaining on the original card to run this test as well. If the original sample was not of sufficient quality to allow technicians to get an interpretable result for this additional test, a new test will need to be ordered for that dog.

To test dogs not already sampled at UMC, there are 2 options:

- 1) Dogs that have been diagnosed as clinically affected with suspected DM from which a blood sample and paid DM test is sent directly to our lab, and who test NORMAL or CARRIER for the original SOD1 mutation will continue to be eligible for the reduced fee SOD1-B test.
- 2) Send a blood sample, frozen semen, or frozen tissue to the UMC lab. Please contact Liz Hansen – [HansenL@missouri.edu](mailto:HansenL@missouri.edu) – for instructions and form.

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

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

# **BMD SOD1-B TEST REQUEST FOR SAMPLES IN UMC COLLECTION**

Original sample was: Blood - FTA card from OFA - other \_\_\_\_\_ Breed: Bernese Mountain Dog  
Registered Name \_\_\_\_\_ Call name \_\_\_\_\_  
Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female - - Intact / Neutered  
Microchip or Tattoo: \_\_\_\_\_ Color \_\_\_\_\_

## **Test Being Requested: BMD SOD1-B – secondary form of Degenerative Myelopathy**

|                    |                    |
|--------------------|--------------------|
| Owner: name _____  | Veterinarian _____ |
| address _____      | address _____      |
| city-st-zip _____  | city-st-zip _____  |
| phone (day) _____  | phone _____        |
| phone (eve) _____  | _____              |
| cell _____         | Fax _____          |
| <b>EMAIL</b> _____ | <b>EMAIL</b> _____ |

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

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

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): \_\_\_\_\_

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

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 or FAX; and I have supplied complete and accurate information, to the best of my knowledge.

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

**PAYMENT INFORMATION:**  Check or money order payable to "University of Missouri" enclosed

OR  Charge to VISA-MasterCard-Discover Card# \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Exp Date: \_\_\_\_\_