

## **SAMPLE HANDLING**

### **For DNA testing at the University of Missouri** **ALLP valid for American Staffordshire Terriers**

**Blood Sample** - The ideal sample for DNA extraction is 3 to 7cc's of whole blood, in **purple-topped (EDTA)** tubes (one or several, depending on tube size). For very small dogs, 1 to 2 ccs should be sufficient. Please do not send less than 1 cc. 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 about 1 breeding unit. The straws or pellets 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..

**TESTING FEE is \$65**; check or money order payable to "University of Missouri", or include credit card information in payment section of form.

**Shipping** - Ideally, blood samples should be shipped immediately, tissues should be frozen first. If samples are held for a couple days or over a weekend, blood must be refrigerated, and tissue samples must be kept frozen. Ship for **next day** 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 (Styrofoam box, small cooler or insulated lunch bag), 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 - ALPP Testing  
320 Connaway Hall-UMC  
1500 Bouchelle Ave  
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).

# UMC JLPP DNA TESTING & RESEARCH

Blood – Tissue – FTA-swab – semen - other \_\_\_\_\_ Breed: American Staffordshire Terrier  
Registered Name \_\_\_\_\_ Call name \_\_\_\_\_  
Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female - - Intact / Neutered  
Microchip or Tattoo: \_\_\_\_\_ Color \_\_\_\_\_

**Test Being Requested: ALPP – AmStaff Laryngeal Paralysis & Polyneuropathy**

Owner: name _____	Veterinarian _____
address _____	address _____
city-st-zip _____	city-st-zip _____
phone (day) _____	phone _____
phone (eve) _____	_____
cell _____	_____
<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

**PAYMENT INFORMATION:**  Check or money order payable to “University of Missouri” enclosed  
OR  Charge to VISA-MC-AmEx-Discover Card# \_\_\_\_\_  
Cardholder name: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
**FEE:** = \$65; frozen semen or tissue, + \$40 **Receipt email:** \_\_\_\_\_

**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 submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; 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 \_\_\_\_\_