

CANINE GENETICS TESTING - INDIVIDUAL

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

406 S University St
West Lafayette, IN 47907-2065
P: 765-494-7440 F: 765-494-9181

HEEKE ADDL - SIPAC

11367 E Purdue Farm Road
Dubois, IN 47527-9666
P: 812-678-3401 F: 812-678-3412

VETERINARIAN: (If Involved)

Name _____

License #, Licensing Body _____

Clinic _____

Address _____

City, State/Province, ZIP _____

Phone _____ Fax _____

Results: ☐ Fax ☐ Email _____

All samples submitted will have Dr. Kari Ekenstedt with Purdue University's College of Veterinary Medicine, Basic Medical Sciences Department as the listing veterinarian. By submitting samples to the ADDL, you consent to allow Dr. Ekenstedt full access to the samples and results, which may be used in further research. Any use of such samples and results will be grouped and anonymized in order to maintain confidentiality.

ANIMAL:

Call Name _____

Species _____

Breed _____

Sex _____ Intact? ☐ Yes ☐ No

DOB _____ Age _____ day wk mo yr

Sample Type:

- ☐ Cheek swab
☐ Whole blood (EDTA)
☐ Semen

Test Requests: ☐ 1-3 ☐ 4+

- ☐ Non-HSF4 Cataracts
☐ Neuroaxonal Dystrophy
☐ Miniature American Shepherd Combo
(Non-HSF4 and Neuroaxonal Dystrophy)
☐ Glycogen Storage Disease

Owner Signature, Date _____

Question for All Dogs:

Has your dog had any health problems? Please describe and include the age of onset for any health problems. Include additional information we should know. Attach additional pages if needed.

Non-HSF4 Hereditary Cataracts:

Has your dog been tested for HSF4 cataracts? ☐ Yes ☐ No

HSF4 test results: _____

Has your dog been diagnosed with cataracts? ☐ Yes ☐ No

If yes, how was your dog diagnosed?

- ☐ Veterinary Ophthalmologist
☐ CERF / CAER
☐ Other: _____

What was the age of onset of cataracts in your dog?

_____ (months years)

Has your dog had cataract surgery? ☐ Yes ☐ No

Purdue University is an equal access/equal opportunity/affirmative action university. If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

ADDL USE ONLY

PAGES:

DELIVERED:

- ☐ UPS
☐ FedEx
☐ DHL
☐ USPS
☐ Exp Mail
☐ Drop-Off

ARRIVED:

- ☐ Chilled
☐ Frozen
☐ Room Temp
☐ Cold Pack
☐ Dry Ice
☐ None

CONDITION:

- ☐ Good
☐ Broken Jar
☐ Leaked

OWNER:

Name _____

Address _____

City, State/Province, ZIP _____

Phone _____

Kennel Name _____

Additional Results by: _____

Email _____ Fax _____

ADDL
BARCODE

PAID: \$ _____ / \$ _____

Order#:

Last 4:

Ref. Acc. #:

Initials/Date:

Registration Name

Registration Number _____

Registering Entity _____

Sire _____

Dam _____

Microchip/Tattoo _____

Signature & Date of

ID Verification

Signature of a veterinary professional indicating animal identification has been verified with the animal listed on this form.

PAYMENT: Prepayment is required

include a copy of the paid receipt with submission

Visit the **ADDL TouchNet** website to pay for the testing BEFORE submitting samples to the ADDL. Review the online content regarding the fee structure before submitting the online payment. Testing will not begin until payment in full has been received. You can also access the payment page by scanning the QR code.



Neuroaxonal Dystrophy:

- Exercise intolerance ☐ Yes ☐ No _____ (months years)
Change in bark quality ☐ Yes ☐ No _____ (months years)
Difficulty breathing ☐ Yes ☐ No _____ (months years)
Difficulty swallowing ☐ Yes ☐ No _____ (months years)
Stumbling or knuckling ☐ Yes ☐ No _____ (months years)
High-stepping/hitched gait ☐ Yes ☐ No _____ (months years)
Exaggerated stomping of the rear ☐ Yes ☐ No _____ (months years)
Wobbly gait/loss of coordination ☐ Yes ☐ No _____ (months years)

Has your dog been diagnosed with neurological disease by a veterinarian or veterinary neurologist? ☐ Yes ☐ No If yes, please elaborate below.

Age of Onset (circle one)

Glycogen Storage Disease:

- Exercise intolerance ☐ Yes ☐ No _____ (months years)
Lethargy/listlessness ☐ Yes ☐ No _____ (months years)
Coughing/difficulty breathing ☐ Yes ☐ No _____ (months years)
Imaging (x-ray or ultrasound) ☐ Yes ☐ No _____ (months years)
indicating increased heart size ☐ Yes ☐ No _____ (months years)

Age of Onset (circle one)

Visit us at www.addl.purdue.edu

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