

Stern Translational Cardiac Genetics & Pharmacogenomics Lab

Sample Submission Information

Sample Submission Requirements:

1. 2-3 mL of whole blood in a purple top EDTA tube
2. A copy of the cardiovascular examination and the echocardiographic report
3. A copy of the patient's 3-generation pedigree (if available)
4. A completed enrollment form (included below)

Mailing Instructions:

- Please send your pet's/patient's sample in a padded package with the cardiology report, pedigree (if available), and completed enrollment form (included below).
- The sample can be shipped via standard mail, FedEx, or UPS, though our preference is to have it shipped overnight. (Please contact us for a FedEx overnight shipping label.)
- An ice pack is not necessary if we have arranged for overnight shipping.
- Please mail the package on a Monday, Tuesday, or Wednesday so that the sample arrives before the weekend.
- If the sample cannot be shipped out on the day of collection, please refrigerate it until it can be shipped.

Mailing Address:

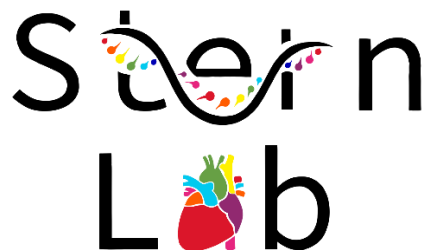
Stern Lab c/o Amanda Crofton
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SUBMISSION FORM FOR CANINE SUBVALVULAR AORTIC STENOSIS (SAS) GENETIC RESEARCH

Patient Identification Details: *(This section should be completed by the patient's owner.)*

Kennel Club (KC) Registered Name: _____

Call Name: _____

KC Registered No.: _____ Name of KC: _____

Breed: _____ Sex: _____ Date of Birth: _____

Clinical Details: *(This section should be completed by the patient's veterinarian or by laboratory personnel.)*

Cardiologist Name: _____ Cardiology Exam Date: _____

Was sedation used? _____ Does the patient have a heart murmur? _____ If so, what is the grade? _____

Is aortic insufficiency or aortic regurgitation mentioned in the report? _____

Is mitral insufficiency or mitral regurgitation mentioned in the report? _____

Left Ventricle Measurements (in mm or cm):

LVPWd: _____ IVSd: _____

Maximal Aortic Outflow Tract Velocity (in meters/second, by subcostal continuous wave approach):

Normal (< 1.9 m/s) _____ m/s **Equivocal** (1.9-2.5 m/s) _____ m/s **Affected** (> 2.5 m/s) _____ m/s

Maximal Pulmonic Outflow Tract Velocity (in meters/second):

Normal (< 1.5 m/s) _____ m/s **Equivocal** (1.5-2.0 m/s) _____ m/s **Affected** (> 2.0 m/s) _____ m/s

Is there a history of SAS or pulmonic stenosis (PS) in this patient's family?: _____

Enclosed Items: *(This section should be completed by the patient's owner.)*

_____ 2-3 mL of whole blood in a purple top EDTA tube

_____ A copy of the cardiovascular examination and the echocardiographic report

_____ A copy of the patient's 3-generation pedigree (if available)

Owner Name: _____ **Email:** _____ **Phone:** _____

I hereby confirm that the sample submitted for testing was obtained from the pet/patient described above. The designated institution undertaking the SAS research has my permission to use this sample for testing. I understand that neither my pet's name nor my details will be published by the designated institution.

Signature: _____ **Date:** _____

Mailing Address:

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