GSDCA DM Research – Sample Volunteer form

I am willing to collect and donate a cheek-swab sample from my purebred German Shepherd Dog.

Dog's Call Name:	Birth Date (MM/DD/YEAR):
Registration Number:	
This dog is MALE - FEMALE and is	s INTACT – ALTERED (please circle)
I confirm that this dog is free from m the time of this submission. (please i	nusculoskeletal disease as indicated by a normal (limp-free) gait at initial here)
I also confirm that this dog has not p initial here)	reviously been DNA-tested for degenerative myelopathy. (please
•	olunteered samples will be selected for the study, but that if this for collecting the cheek-swab sample will be sent to me by US mail)
	e-swab sample, and understand that the DNA from the cheek swab nyelopathy mutation, and that the confidential test results will be ere)
Owner signature	Date
Owner Name:	
Mailing Address:	
City:	State: Zipcode:

Send this completed form PLUS a copy of this dog's pedigree (3 or 4 generations) to Liz Hansen at HansenL@missouri.edu, with "GSD DM Sample Volunteer" in the subject line.

Thank you for volunteering to help with the first phase of our Canine Health Foundation funded project to find as yet undiscovered factors in the genetic background of German Shepherd Dogs that make them more or less susceptible to the development of DM.

Kerstin Lindblad-Toh, Joan Coates, Gary Johnson