

Symmetrical Lupoid Onychodystrophy (SLO) – Bearded Collies
Storage of DNA for Future Project
Canine Genetic Analysis Project (CGAP)
Department of Animal Science, University of California, Davis
Principal Investigators: Dr. A.M. Oberbauer and Dr. T.R. Famula
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<http://cgap.ucdavis.edu/>

Dog/Owner Information *Please include a PEDIGREE*

Dog's Registered Name: _____

Call Name: _____ AKC or other Registration #: _____ Date of Birth: _____

Coat Color: _____ Sex (circle): M / F Intact / Spayed / Neutered

Sire's Name: _____ AKC or other Registration #: _____

Dam's Name: _____ AKC or other Registration #: _____

Owner's Name: _____

Address: _____

Phone: _____ E-mail: _____

Disease Information: Please complete the following information - **use additional pages if necessary.**

Symmetrical Lupoid Onychodystrophy (circle): Yes No Age at Diagnosis: ____years ____months

1. If the dog has SLO, what symptoms prompted you to go to the vet?

2. How was SLO diagnosed (check)? ____ Nail Biopsy ____ Clinical Findings and Treatment Response

3. If the dog is spayed or neutered, was SLO diagnosed (circle) **prior to** or **after** spay or neuter?

4. Include details of known relatives with SLO:

5. General comments regarding animal's health. Please include ANY health issues associated with the dog, including hypothyroidism or any other type of autoimmune disorder:

6. List any medications (including steroids) the dog has taken for SLO and denote if they were given pre or post diagnosis:

Owner Signature: _____ Date: _____

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OWNER CONSENT FORM

PURPOSE OF STUDY

I hereby grant permission for my dog to participate in a study designed to collect DNA from dogs and their relatives to study various diseases including, but not limited to Symmetrical Lupoid Onychodystrophy, in order to determine the genetic basis for these diseases. This protocol has been approved by the UC Davis Institutional Animal Care and Use Committee (IACUC), Protocol #15528.

CONSENT FOR PROCEDURE

I consent to the use of blood samples for this project, and appropriate future projects, and I will provide a pedigree with the sample, provided that neither my animal nor I will be identified in any publications, reports, or presentations.

RISKS ASSOCIATED WITH PROCEDURE

The risk involved in drawing blood is minimal. However, I do understand that my dog may experience mild redness or bruising at the collection site. Additionally, the veterinarian I have chosen to do this procedure may clip the hair to facilitate visualization of the vein. The veterinarian who will be performing this procedure is the veterinarian of my choice, and I will not hold the University of California Davis responsible for any complications associated with drawing the blood.

POTENTIAL BENEFITS

I understand that there is no guarantee that my dog will benefit from its participation in this study. However, such participation may provide veterinarians and researchers with additional information and a better understanding of canine diseases, which could ultimately influence the course of treatment or genetic testing to help my dog and other animals in the future.

COSTS TO OWNER

There is no fee for participating in this study. In the event that DNA from my dog is used in the development of commercially available diagnostic markers, I understand and agree that any proceeds or benefits from such development are the sole and exclusive property of University of California, Davis. I also understand that the University of California will not cover any charges that may be incurred for the drawing of blood or shipment of samples. If this dog's sample is directly used in the development of a genetic test associated with this disorder, upon the owner's written request after the test becomes commercially available, the results of the test for this dog will be provided to the owner at no cost.

CONFIDENTIALITY

I understand that any information about my dog, obtained from this study, will be kept confidential.

AUTHORIZATION

I hereby donate, assign, and transfer a DNA sample from my dog to CGAP for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of CGAP. I further understand that any distribution of samples to researchers will be in a blind format that maintains the anonymity of the dog and owner identities. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of the DNA sample. I have read and understand the foregoing statements and agree to allow my dog to participate in this study. To the best of my knowledge, the information I have supplied is true and accurate.

Owner Signature

Date

Owner Printed Name

Date of Blood Collection