

REQUEST FOR DNA TEST FOR CL

You are requesting the testing of a sample for the genetic disease, CL (ceroid lipofuscinosis) in Border Collies. This test types for the point mutation c619C>T in the CLN5 gene of dogs. The test is for the detection of carriers and affected animals for this c619C>T mutation. There are other causes of CL in Border Collies which have not yet been identified. The lab personnel or their employers will not be responsible for any loss or damages that may arise in any way from the testing or the use of the test result however the loss or damage may arise, including negligence. We use all reasonable efforts to ensure that the results reported for each sample submitted are correct.

Pedigree information must be supplied with the sample. The sample may be tested by DNA profiling to check pedigree information at a future date. DNA may be stored from the sample so that the results can be retested a later date.

• I agree to have the sample from _____

Microchip number _____

Registration number _____

Sample label (if different from above) or Call Name _____

tested for the CL mutation as described above.

- I am the owner of the animal sampled (or I have permission from the owner to submit the sample for testing).
- I declare that the sample is from the animal named above

Your name

Date

Your Signature

Signature of witness

Address for notification of results.

email _____ Phone _____

Declaration by witness of identification

I confirm that the sample labelled as indicated above is from the animal stated and has been identified by me by microchip number/ tattoo / other (please specify) _____

(circle one)

Name _____ Signature _____

Position _____ (eg veterinarian, Club Cmtee Member)

Pedigree Details

Fill in or attach printed pedigree.

Registered Name: _____ Date of Birth: _____

Registration Number: _____ Microchip Number: _____ Sex: _____

Paternal Grandsire: _____

Sire: _____ Registration Number: _____

Paternal Grandam: _____

Maternal Grandsire: _____

Dam: _____ Registration Number: _____

Maternal Grandam: _____

Release to allow publication of results. (Choose an option by ticking a box)

Permission to publish is totally optional. Your choice will not affect the outcome of the results or the speed at which the samples are processed, or your notification of results.

Permission is needed to send results direct to breed clubs such as Kennel Club to have results registered.

I agree to allow the publication of the TNS test results for this dog

Signature _____ Date _____

I DO NOT AGREE to the publication of the TNS test results for this dog

Indicate how payment for testing will be made:

I have included a cheque in Australian dollars drawn on an Australian bank.

I have included payment form with credit card details completed.

I will directly transfer of funds into a bank account, I will email to request account details.

Please send me an invoice

Mail form, pedigree, sample and payment information to this address:

Alan Wilton
BABS, School of Biotechnology
University of NSW
NSW 2052
AUSTRALIA

Please do NOT use couriers. It will add \$50 to the costs. Courier address is different.

THE UNIVERSITY OF
NEW SOUTH WALES

CONSENT FORM FOR USE OF DOG
DNA SAMPLE IN RESEARCH



ALAN WILTON
Senior Lecturer

School of Biotechnology and Biomolecular Sciences

Dr Wilton at the University of NSW is collecting blood and buccal samples from dogs for the purposes of identification of genetic diseases in dogs. Development of DNA based tests for carriers of disease genes will allow breeding from lines known to carry the disease gene and then selection of disease-free progeny for future breeding without passing on the disease gene. DNA will be extracted from the samples and stored at UNSW. The major diseases under study are ceroid lipofuscinosis (CL), Trapped Neutrophil Syndrome (TNS), ataxia and eye disorders. The samples may be used in the study of other diseases if the research is extended in the future unless specific instructions are given to the contrary. All samples will be coded on arrival and in all subsequent work will only be identified by the codes. Further information about this research can be obtained by contacting Dr Alan Wilton.

We cannot and do not guarantee or promise that you will receive any benefits from this study. Any information that is obtained in connection with this study and that can be identified with the sample will remain confidential, except where required by law or with your permission. We plan to discuss/publish information obtained in the study only in the form of group data, where no identification of the individual is possible. Individual disease test results will be provided to you when available. They will not be released without your permission.

If you agree to submitting a sample for this research under these conditions please fill in and sign the statement below and return it with the sample.

I,

(name)

of

(address)

agree to the use of the sample from

.....

(name of dog)

to be used in the research into genetic diseases in dogs as set out above.

I do not agree/ also agree* to the sample being used in studies other than CL, CEA and TNS.

(* delete one)

I declare that I am the owner of the dog or have authority from the owner to make this declaration on their behalf.

Signature

Date

Complaints concerning this research project may be directed to the Ethics Secretariat, University of New South Wales, Sydney 2052, Australia (phone (02) 9385 4234, fax (02) 9385 6648, e-mail ethics.sec@unsw.edu.au). Any complaint that you make will be treated in confidence and investigated, and you will be informed of the outcome.

If at any time you wish to withdraw the sample from the study you are entitled to do so without prejudicing your future relations with UNSW. To withdraw from the study fill in the form below and sent it in.

REVOCAION OF CONSENT

I hereby wish to WITHDRAW my consent to participate in the research on genetic diseases in dogs by Dr Wilton and understand that such withdrawal WILL NOT jeopardise any treatment by or my relationship with the University of New South Wales.

Signature

Date

Please PRINT name

Sample Name

The Revocation of Consent should be forwarded to:

Dr Alan Wilton
School of Biotechnology and Biomolecular Sciences
University of New South Wales
SYDNEY NSW 2052