

UMC ANECS DNA TESTING & RESEARCH

Blood – Tissue – FTA-swab – semen - other _____ Breed: _____
Registered Name _____ Call name _____
Reg# _____ Birth Date _____ Male / Female - - Intact / Neutered
Microchip or Tattoo: _____ Color _____

Test Being Requested: ANECS – Adult-onset Neuropathy of English Cocker Spaniels

Owner: name _____ Veterinarian _____
address _____ address _____
city-st-zip _____ city-st-zip _____
phone (day) _____ phone _____
phone (eve) _____
cell _____ Fax _____
EMAIL _____ **EMAIL** _____

******Results are reported via email – please provide complete, legible email address!!******

Report test results to (please circle): Owner Veterinarian Both

PAYMENT INFORMATION: Check or money order payable to “University of Missouri” enclosed

OR Charge to VISA-MasterCard-Discover Card# _____

Cardholder name: _____ Exp Date: _____

FEE: Clinical signs of ANECS present, fee=\$50; Clinically normal, fee=\$65; frozen semen or tissue, + \$40

NOTE: Dogs with clinical signs are NO CHARGE thru 12/31/2014

Does this dog exhibit any of the following conditions? (Please attach history for any Yes answer)

- | | |
|-----------------------------------|--|
| Y - N Allergies | Y - N Digestive difficulties |
| Y - N Arthritis | Y - N Heart Problems |
| Y - N Autoimmune Disorders | Y - N Hernia (where? _____) |
| Y - N Bite or Tooth Abnormalities | Y - N Reproductive Problems |
| Y - N Cancer / Tumors | Y - N Seizures |
| Y - N Cataracts / Vision Problems | Y - N Skin / Coat Problems |
| Y - N Deafness / Hearing Impaired | Y - N Skeletal Abnormalities (Hip Dysplasia, etc.) |
| Y - N Hindlimb weakness/paralysis | Y - N Temperament Problems (shy, aggressive, etc.) |

other (please list):

Comments / Questions / Concerns? _____

I submit this sample and pedigree for the purpose of DNA testing; I understand that DNA left over following the test may be stored for potential future research; I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email or FAX; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____

IMPORTANT!! PLEASE COMPLETE THE QUESTIONNAIRE ON THE NEXT PAGE !!

Please circle your answer to the questions below, and fill in blanks as appropriate.

Has this dog been diagnosed with adult-onset neuropathy? Y N suspected

Was adult-onset neuropathy in this dog diagnosed by a veterinarian? Y N

What was the date (month and year) that this dog began showing signs of ANECS? _____

Is this dog still alive? Y N If NO, when did this dog die _____

What was the cause of death? _____

How long has this dog been showing signs of ANECS? (Please Circle)

1-3 mos; 4-8 mos; 9-12 mos; 13-18 mos; 19 mos-24 mos; 25 mos-36 mos; >36 mos

Which of the following tests were done to make the diagnosis of ANECS?

No diagnostic tests, clinical symptoms only	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N		
Spinal radiographs (X-rays)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N result was:	<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal
Myelogram (contrast X-rays)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N result was:	<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal
CT (CAT) scan	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N result was:	<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal
MRI	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N result was:	<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal

For any abnormal result, please list findings: _____

Describe the **FIRST** symptoms of ANECS in this dog:

One rear leg weaker than other	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Dragging toes	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Falling in rear legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Tremors in rear legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Pain in back	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

Describe the **CURRENT** symptoms of ANECS in this dog (if deceased, symptoms at time of death):

Weakness in one rear leg	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Loss of muscle mass in rear legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Weakness in both rear legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Loss of muscle mass over entire body	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Unable to support weight in rear legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Urinary incontinence	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Unable to move rear legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Fecal incontinence	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Weakness in front legs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Difficulty swallowing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Unable to support weight in all limbs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Pain in back	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Unable to move all limbs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N				

Do you know of relatives of this dog who have been diagnosed with ANECS? Y N

If yes, please circle: sire dam sibling grandparent other _____

Pedigree (family tree) information is very helpful for this research, and is held in complete confidence by the researchers. Please enclose a pedigree copy or registration copy with this survey.

Pedigree enclosed Pedigree will be mailed or emailed separately Pedigree unknown/not available

Any other information you feel would be useful for the researchers, please list below. Thank you for submitting this sample and completing this information.