

**Border Terrier Shaking Puppy, or Spongiform
LeukoEncephaloMyelopathy (SLEM) Testing Request
For DNA samples already in the collection at the University of Missouri**

REQUESTING A SLEM DNA TEST – To order a SLEM test for a Border Terrier that has been sampled previously for research projects or DNA banking at the University of Missouri-Columbia or thru the CHIC DNA repository (via blood sample), please follow these steps:

1) **Complete the form on the following page.** You may have supplied some of this info when the sample was originally submitted, but we ask that you take this opportunity to update the current status of this dog. If you did not send a pedigree copy when the original sample was submitted, please include that information as well.

2) **Choose how you want the results reported to you.** Please note that there is an additional charge for reports to be faxed or sent by surface mail.

Result ONLY via email (no report certificate) ----- fee = \$25.00

Report & certificate sent via email ----- fee = \$35.00

Report & certificate sent via FAX or surface mail --- fee = \$45.00

NOTE: If you plan to report the results to OFA for listing on their open database, you will need the report with certificate – the results only email (first option) will not be acceptable.

3) **Send** the form, and a check or money order for the appropriate amount of US funds, payable to “University of Missouri”, or credit card info, to this address;

Dr. Gary Johnson – SLEM Testing
320 Connaway Hall
University of Missouri
Columbia, MO 65211

If paying by credit card, you may scan and email the request form to HansenL@missouri.edu, or fax to 573-884-5414, and call us at 573-884-3712 with credit card information – please do NOT email or fax credit card numbers, it is not secure!

Please allow about 2 weeks turnaround time from the day requests arrive at our lab. We are not able to accommodate rush orders for this test. Please plan appropriately if testing potential breeding stock.

PLEASE NOTE! – This order form is ONLY to be used to request SLEM test results for dogs for which a DNA sample from a blood sample is **ALREADY IN THE COLLECTION at the University of Missouri-Columbia** as of October 1, 2017. Samples sent to other laboratories are not eligible. Blood samples sent for the CHIC DNA Repository ARE eligible, swab samples sent for the CHIC DNA Repository are NOT eligible, tail or tissue samples are NOT eligible.

To test dogs NOT already sampled at UMC, there are 3 options:

1) Order the test and testing kit from OFA – Go to www.OFFA.org, look to the left side and down a bit for the link that says “OFA/MU DNA TESTS”. Follow the links there to order the SLEM test. The kit you will be sent uses a cheek swab and barcoded card to collect DNA, and can be used to test Border Terriers of any age.

2) Puppies that are suspected to be affected with SLEM may be eligible for a free DNA test thru July 1, 2018. Please contact Liz Hansen – HansenL@missouri.edu or 573-884-3712 for further information and submission requirements.

3) Send a blood sample, frozen semen, or frozen tissue to the UMC lab. Please contact Liz Hansen – HansenL@missouri.edu – for instructions and form.

If you need clarification, or have any questions about any of these procedures, please contact Liz Hansen by email (HansenL@missouri.edu), phone (573-884-3712), or regular mail (321 Connaway Hall, University of Missouri, Columbia, MO 65211).

Thank you for your cooperation and participation!

BT-SLEM TEST REQUEST FOR SAMPLES IN UMC COLLECTION

Sample was: Blood - other _____ Breed: Border Terrier
Registered Name _____ Call name _____
Reg# _____ Birth Date _____ Male / Female - - Intact / Neutered
Microchip or Tattoo: _____ Color _____

Test Being Requested: SLEM – Spongiform LeukoEncephaloMyelopathy

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

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 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 _____

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

OR Charge to VISA-MC-Discover-AmEx Card# _____

Cardholder name: _____ Exp Date: _____