Stern’s Laboratory Sample Submission Information

Sample submission requirements:

1.) An EDTA blood sample (2-3ml in a purple top tube)
2.) A 3-generation pedigree if available
3.) A copy of medical records including 3M antibody test and muscle biopsy result if performed
4.) Completed enrollment form

Please mail samples to:

Stern Lab c/o Victor Rivas
UC Davis School of Veterinary Medicine
Dept. of Medicine and Epidemiology
2108 Tupper Hall
One Shields Ave
Davis, CA 95616

Blood drawn does not need to be mailed back with an ice pack or be shipped overnight. Samples can be shipped via standard mail, FedEx, or UPS. Please send your samples in a padded package with the pedigree, veterinary report, and enrollment form.

Contact Information

Principal Investigator
Joshua Stern

Laboratory Personnel
Victor Rivas
sterngenetics@ucdavis.edu
(530) 752-4892
SUBMISSION FORM FOR MMM DNA GENETIC RESEARCH

Canine Details: (Owner to Complete)

KC Registered Name: ____________________________________________________________

Call Name: _________________________________________________________________

KC Registered No.: ______________________ Which KC?: ___________________________

Breed: ___________________________ Sex: ___________________________ Date of Birth: ___________________________

Clinical Details: (Please include all required information in the shipment)

Veterinarian’s Name: ___________________________ MMM Diagnosis Date: ___________________________

Was a 2M antibody test performed? ______ If so, what date and result? _____________________________________

Was your dog prescribed steroids / prednisone? ________ If so – what date did you begin administering this drug ______________

Was a muscle biopsy performed? ________ If so, what date and result? _____________________________________

Are you aware of any other dogs with MMM that are related to your dog – If so please describe relationship? ______________

Enclosed: (Owner to Complete)

___ Blood sample (3-5ml in an EDTA tube)

___ 3 to 5 generation pedigree

___ Copy of the records from time of diagnosis

___ Copy of 2M antibody test Results if performed

___ Copy of muscle biopsy results if performed

Owner Name: ___________________________ Email ___________________________ Phone: ___________________________

I hereby consent that the sample submitted for research is of the dog described above. I accept that the designated institution undertaking the MMM Research has my permission to use this sample for research. I understand that the designated institution will not publish either my dog’s name or my details.

Signature: ___________________________ Date: ___________________________