

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 2M antibody test and muscle biopsy result if performed
- 4.) Completed enrollment form

Please mail samples to:

**Stern Cardiac Genetics Laboratory
1051 William Moore Drive
Research Building Room 318A
Raleigh, NC 27607**

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 A. Stern

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: _____

| |
|------------------------|
| Return Address: |
|------------------------|

| |
|---|
| Stern Cardiac Genetics Laboratory 1051 William Moore Drive Research Building Room 318A Raleigh, NC 27607 |
|---|