

**Lens Luxation Testing Request**  
**For DNA samples already in the collection at the University of Missouri**

**REQUESTING A LENS LUXATION DNA TEST** – To order a PLL test for a dog that has been sampled previously for research projects or DNA banking at the University of Missouri-Columbia, please follow these steps:

- ***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.
- ***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.  
Report sent via email ----- test fee = \$35.00  
Report sent via FAX or surface mail ----- test fee = \$45.00
- ***Send*** the form, and a check or money order for the appropriate amount of US funds, payable to “University of Missouri”, to this address;

Dr. Gary Johnson - PLL Testing  
320 Connaway Hall  
University of Missouri  
Columbia, MO 65211

Normal turnaround time is 2-3 weeks from the time 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 Primary Lens Luxation (PLL) test results for dogs for which a DNA sample is ***ALREADY IN THE COLLECTION at the University of Missouri-Columbia*** as of September 1, 2009. Samples sent to other laboratories are not eligible. Blood samples sent for the CHIC DNA Bank ARE eligible, swab samples sent for the CHIC DNA Bank are NOT eligible. To test dogs not already sampled at UMC, there are 2 options:

- 1) Order the test and testing kit from OFA – Go to [www.OFFA.org](http://www.OFFA.org), scroll down below the announcements, and click on the DNA TESTING box to the far right. Follow the links there to order the PLL test. The kit you will be sent uses a cheek swab to collect DNA, and can be used for any dog. NOTE: This is not available until late September!
- 2) Dogs that have been diagnosed as affected with lens luxation are eligible for a free PLL test if a blood sample, pedigree copy, and copy of the ACVO ophthalmologists report is sent. Go to [www.CanineGeneticDiseases.net](http://www.CanineGeneticDiseases.net), click on GLAUCOMA & LENS LUXATION, and then go to the RESEARCH or SAMPLE SUBMISSION section for details and the correct form.

**If you need clarification**, or have any questions about any of these procedures, please contact Liz Hansen by email ([HansenL@missouri.edu](mailto: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!

# **PLL TEST REQUEST FOR SAMPLES IN UMC COLLECTION**

Original sample was (circle): Blood – Tissue – FTA-swab – semen - other \_\_\_\_\_

Original sample was sent to UMC on (date): \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female - - Intact / Neutered

Microchip or Tattoo: \_\_\_\_\_ Color \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

**Test Being Requested: PLL – Primary Lens Luxation**

Owner: name \_\_\_\_\_ Veterinarian \_\_\_\_\_

address \_\_\_\_\_ address \_\_\_\_\_

cty-st-zip \_\_\_\_\_ cty-st-zip \_\_\_\_\_

phone (day) \_\_\_\_\_ phone \_\_\_\_\_

phone (eve) \_\_\_\_\_ \_\_\_\_\_

cell \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

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

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

**Send report via (circle):** email FAX surface mail (please note fees in instructions!)

Has this dog been diagnosed with lens luxation? Yes No - or glaucoma? Yes No

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):

Other Comments / Questions / Concerns? \_\_\_\_\_

I submit this request as the owner or veterinarian designated by the owner; 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, FAX, or surface mail and have included appropriate payment for this service; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_ date \_\_\_\_\_