

### **CHIC DNA Repository**







# **Application for DNA Repository**

(Golden Retriever Club of America National DNA Collections)

Previous application number (if any)	Registration number □ AKC □ CKC □ Other
Registered name	Sex color
Breed	Date of birth (month-day-year)
ID number	Registration # of sire registration # of dam
Owner name	Co-owner name
Street address	Owner email
City State/Province Zip/postal code	Owner phone
I understand that any future use or distribution of this DNA sample will be w that any distribution of samples to researchers will be in a blind format that m	to the CHIC DNA Repository for research purposes and warrant my authority to do so. within the sole direction and authority of the CHIC DNA Repository. I further understand naintains the anonymity of the dog and owner identities. If a researcher requires further ugh CHIC. My intent in providing this DNA sample is to further research into canine mple.
Signature of owner/agent	Date

#### **Mission Statement**

The CHIC DNA Repository, co-sponsored by the OFA and the AKC/CHF, collects and stores canine DNA samples along with corresponding genealogic and phenotypic information to facilitate future research and testing aimed at reducing the incidence of inherited disease in dogs.

## **Objectives**

- Facilitate more rapid research progress by expediting the sample collection process
- Provide researchers with optimized family groups needed for research
- Allow breeders to take advantage of future DNA based disease tests as they become available
- Foster a team environment between breeders/owners and the research community improving the likelihood of genetic discovery



## **CHIC DNA Repository Health Survey**

Has this dog ever been diagnosed with any of the following health issues? For each section you answer with a yes, please fill out the rest of the section. If you answer no to any section, skip to the next section.

Eye Disorders	Cardiac Disorders
Ear Disorders ☐ Yes ☐ No ☐ Chronic ear infection ☐ Deafness (if yes, describe coat color/pattern) ☐ Other	Urinary Disorders
Skin Disorders	Blood/Lymph Disorders
Gastrointestinal Disorders	<ul> <li>☐ Hypothyroid</li> <li>☐ Addison's disease (adrenal insufficiency)</li> <li>☐ Cushing's disease (adrenal oversecretion)</li> <li>☐ Diabetes</li> <li>☐ Other</li> </ul>
<ul> <li>□ Cleft Palate</li> <li>□ Chronic Vomiting</li> <li>□ Choric Colitis</li> <li>□ Inflammatory Bowel Disease</li> <li>□ Other</li> </ul>	Reproductive Disorders
Respiratory Disorders	☐ Irregular heat cycle ☐ Uterine Inertia ☐ Other ☐ Neurologic Disorders ☐ Yes ☐ No ☐ Epilepsy
Orthopedic Disorders	<ul><li>□ Caudea Equina Syndrome</li><li>□ Degenerative Myelopathy</li><li>□ Other</li></ul>
□ Patellar Luxation □ Elbow Dysplasia □ Premature IVD (intervertebral disc degeneration) □ Vertebral Anomalies □ HOD □ Other	Cancer/Tumors