

# REQUEST FOR DNA TEST FOR TNS

You are requesting the testing of a sample for the genetic disease, TNS (Trapped Neutrophil Syndrome) in Border Collies. This test is now available for all dogs regardless of whether they are close relatives of TNS cases or not. The test will determine if an animal has inherited the one copy of the chromosome carrying the TNS mutation (TNS carriers), or two copies (TNS affected animals) or none (clear of TNS). This sample will be tested for the presence of the TNS mutation as soon as the test is developed. The lab personnel or their employers will not be responsible for any loss or damages that may arise in any way from the testing or the use of the test result however the loss or damage may arise, including negligence. We use all reasonable efforts to ensure that the results reported for each sample submitted are correct.

Pedigree information must be supplied with the sample. The sample may be tested by DNA profiling to check pedigree information at a future date. DNA may be stored from the sample so that the results can be retested a later date.

- I agree to have the sample from \_\_\_\_\_

Microchip number \_\_\_\_\_

Registration number \_\_\_\_\_

Sample label (if different from above) or Call Name \_\_\_\_\_

tested as described above.

- I am the owner of the animal sampled (or have permission from the owner to submit the sample for testing).
- I declare that the sample is definitely from the animal named

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Signature of witness

Address for notification of results.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

email \_\_\_\_\_ Phone \_\_\_\_\_

## Declaration by witness of identification

I confirm that the sample labelled as indicated above is from the animal claimed as identified by me by microchip number/ tattoo / other (please specify) \_\_\_\_\_

(circle one)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ (eg vet, Club Cmtee Member)

**Pedigree Details** (Fill in or attach printed pedigree.)

Registered Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Microchip No.: \_\_\_\_\_

Sex: \_\_\_\_\_

Paternal Grandsire: \_\_\_\_\_

Sire: \_\_\_\_\_ Reg No: \_\_\_\_\_

Paternal Grandam: \_\_\_\_\_

Maternal Grandsire: \_\_\_\_\_

Dam: \_\_\_\_\_ Reg No: \_\_\_\_\_

Maternal Grandam: \_\_\_\_\_

**Release to allow publication of results. (Choose an option by ticking a box)**

Permission to publish is totally optional. Your choice will not affect the outcome of the results or the speed at which the samples are processed, or your notification of results.

I agree to allow the publication of the TNS test results for this dog

Signature \_\_\_\_\_ Date \_\_\_\_\_

I DO NOT AGREE to the publication of the TNS test results for this dog

**Mail form, pedigree and sample to this postal address:**

Alan Wilton  
School of Biotechnology  
University of NSW  
NSW 2052

**It is not necessary to use couriers but if needed the courier address is**

Dr Alan Wilton  
Biotechnology, Room 217,  
Biological Sciences Building (D26)  
Chancellor's Walk  
University of NSW  
Gate 11, Botany St  
Randwick NSW 2031

THE UNIVERSITY OF  
NEW SOUTH WALES

CONSENT FORM FOR USE OF DOG  
DNA SAMPLE IN RESEARCH



ALAN WILTON  
Senior Lecturer

School of Biotechnology and Biomolecular Sciences

Dr Wilton at the University of NSW is collecting blood and buccal samples from dogs for the purposes of identification of genetic diseases in dogs. Development of DNA based tests for carriers of disease genes will allow breeding from lines known to carry the disease gene and then selection of disease-free progeny for future breeding without passing on the disease gene. DNA will be extracted from the samples and stored at UNSW. The major diseases under study are ceroid lipofuscinosis (CL), collie eye anomaly (CEA) and Trapped Neutrophil Syndrome (TNS). The samples may be used in the study of other diseases if the research is extended in the future unless specific instructions are given to the contrary. All samples will be coded on arrival and in all subsequent work will only be identified by the codes. Further information about this research can be obtained by contacting Dr Wilton (see footer for contact details)

We cannot and do not guarantee or promise that you will receive any benefits from this study. Any information that is obtained in connection with this study and that can be identified with the sample will remain confidential, except where required by law or with your permission. We plan to discuss/publish information obtained in the study only in the form of group data, where no identification of the individual is possible. Individual disease test results will be provided to you when available. They will not be released without your permission.

If you agree to submitting a sample for this research under these conditions please fill in and sign the statement below and return it with the sample.

I, .....

(name)

of .....

(address)

agree to the use of the sample from

.....

(name of dog)

to be used in the research into genetic diseases in dogs as set out above.

I do not agree/ also agree\* to the sample being used in studies other than CL, CEA and TNS.  
(\* delete one)

I declare that I am the owner of the dog or have authority from the owner to make this declaration on their behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complaints concerning this research project may be directed to the Ethics Secretariat, University of New South Wales, Sydney 2052, Australia (phone (02) 9385 4234, fax (02) 9385 6648, e-mail [ethics.sec@unsw.edu.au](mailto:ethics.sec@unsw.edu.au)). Any complaint that you make will be treated in confidence and investigated, and you will be informed of the outcome.

If at any time you wish to withdraw the sample from the study you are entitled to do so without prejudicing your future relations with UNSW. To withdraw from the study fill in the form below and send it in.

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### **WITHDRAWAL OF CONSENT**

(Keep a copy of this form and if you wish to remove the sample from the study fill in this part of the form and return it.)

I hereby wish to WITHDRAW my consent to participate in the research on genetic diseases in dogs by Dr Wilton and understand that such withdrawal WILL NOT jeopardise any treatment by or my relationship with the University of New South Wales.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT name

\_\_\_\_\_  
Sample Name

The Revocation of Consent should be forwarded to:

Dr Alan Wilton  
School of Biotechnology and Biomolecular Sciences  
University of New South Wales  
SYDNEY NSW 2052