

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

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## Exercise Induced Collapse (EIC) - Submission Form

### Contact Information - Owner

Owner Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

### Attending Veterinarian (if any)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

### Animal Information

Dog Label \_\_\_\_\_

Call Name \_\_\_\_\_

Breed \_\_\_\_\_ Curly-coated retriever

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Color \_\_\_\_\_

Registered Name \_\_\_\_\_

Reg. # \_\_\_\_\_

Tattoo / Microchip \_\_\_\_\_

TO UPDATE A DOG'S REPORT WITH REGISTRATION  
INFORMATION AT A LATER DATE, A PERMANENT ID  
MUST BE VERIFIED AT THE TIME OF TESTING.

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Type : ☐ Field Trial ☐ Hunt Test ☐ Conformation

☐ Pet ☐ Service ☐ Other \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail: ☐ Owner ☐ Vet Clinic ☐ Both

Fax: ☐ Owner ☐ Vet Clinic ☐ Both

### History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

☐ Yes ☐ No If yes, note all that apply:

☐ Rear limbs seem floppy, and don't seem to hold up the dog's weight

☐ Dog drags its rear limbs while continuing to run

☐ Dog seems to have trouble maintaining balance and will fall over to the side

☐ Dog's limbs seem stiffer than normal and held straight and stiff

☐ Front limbs ☐ Rear limbs ☐ Both

☐ Other \_\_\_\_\_

### Activities that cause collapse (check all that apply):

☐ Field Trial Training

☐ Hunt Test

☐ Upland Game Hunting

☐ E-collar Correction

☐ Swimming

☐ Fun Bumpers

☐ Other \_\_\_\_\_

### Does your dog have a history of (check all that apply):

☐ Loss of Muscle Mass

☐ Abnormal Muscle Biopsy

☐ Seizures

☐ Hypoglycemia

☐ Respiratory Difficulties

☐ Abnormal Heart Rhythm

☐ Abnormal Thyroid Function

☐ Narcolepsy

☐ Cranial Cruciate Ligament (CCL) Rupture

☐ Myasthenia Gravis

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician:

☐ I DID verify tattoo/microchip on this dog. ☐ I DID NOT verify tattoo/microchip on this dog. ☐ No tattoo/microchip

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

CCRCA Health Clinic  
2014 National Specialty

\$55/dog, includes OFA  
database submission fee  
and inclusion on the EIC  
database.

Mail payment to:  
Milan Hess  
Colorado Veterinary Specialists  
221 W County Line Rd  
Littleton, CO 80129

### Payment Method

☐ Check# \_\_\_\_\_

☐ Paid via PayPal  
# \_\_\_\_\_

### Sample Type

☐ Whole Blood ☐ Cheek Swabs

☐ Semen ☐ Dew Claws

# Canine Exercise Induced Collapse (EIC) Testing Form

## Collecting the Cheek Swab Samples:

1. Use two (minimum) to four swabs per dog. We recommend sending two sets of two swabs (four total), preferably collected one day apart. Sending swabs collected at different times lower the chances that insufficient cells were collected, or that oral contamination exists in both sets of swabs.
2. Label the swab packets with the dog's call name, the owner's last name, permanent identification or registration number (if applicable) and collection date.
3. Label a standard paper (letter size) envelope with the same information as in #2.
4. Open the swab package at the handle end (NOT the collection tip end) and carefully peel the package away to within about an inch of the end. Remove the first swab. Do not touch the collection tip of the swab.
5. Do not allow the tip of the swab to touch anything other than the inside of the dog's mouth and the inside of the packaging.
6. While holding the handle end of the swab, insert the tip along the inside of the cheek. Rotate the collection tip along the inside of the cheek for **20 seconds**. Push the outside of the dog's cheek while rotating the swab and firmly press the swab between the gum and cheek to enhance cell collection.
7. Hold the swab while it air dries completely. Do NOT blow on the swab.
8. Reinsert the tip of the swab into the closed end of the package and remove the second swab. If your swabs came in plastic containers, put the swab directly into the labeled paper envelope you have prepared. **DO NOT** use the plastic container, as plastic containers promote microbial overgrowth.
9. Repeat the above steps on the other cheek with the remaining swab(s) (i.e. 2-4 swabs/dog).
10. Place the packaged swabs in the labeled paper envelope (NOT a plastic bag). Do NOT put the testing form in the envelope with the swabs.
11. Send the sample and completed EIC testing form following the packaging instructions below.

## Packaging Cheek Swab Samples:

A major concern in using cheek swabs is the possibility of microbial growth on the swab after the sample has been collected. This is particularly a problem during hot and humid times of the year. To reduce the chance for contamination, do not store the swabs (used or unused) in sealed plastic bags. Do not freeze them or store them in the refrigerator where condensation can more easily occur. Ice packs should NOT be used for shipping cheek swab samples. Be prepared to ship the cheek swab sample as soon as possible after it is collected.

By following the instructions you will have placed the air-dried swabs in a labeled, clean paper envelope. Do NOT put the EIC testing form in the envelope with the swabs. Place the labeled envelopes, the Submission List (Page 1) and submission form(s) (Pages 2-17), and payment by check/money into a sturdy mailing envelope. Write "Do Not Bend" on the outside. Send this package to:

**Milan Hess, DVM**  
**Colorado Veterinary Specialists**  
**221 W County Line Rd**  
**Littleton, CO 80129**