

Canine Genetics Laboratory

University of Minnesota

1988 Fitch Ave. 295 AS/VM * St. Paul, MN 55108

<https://z.umn.edu/caninegenetics>

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Laryngeal Paralysis - Polyneuropathy (LPN1, LPN2, & LPPN3) & Leukoencephalomyelopathy (LEMP)

Contact Information - Owner

Owner Name _____

Company /
Alternate Contact _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____

e-mail _____

Attending Veterinarian (if any)

Veterinarian _____

Clinic _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____

e-mail _____

Animal Information

Call Name _____

Weight _____ Height (at withers) _____

Breed _____

Sex ☐ Male ☐ Female Intact ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy) _____

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 _____

Result Reporting, e-mail: ☐ Owner ☐ Veterinary Clinic

Fees & Payment: Payment at the time of submission is required. To view fees and purchase testing services, see the 'Fees and Payments' section of the CGL website or visit this link: <https://z.umn.edu/leo-pay>

☐ **Be sure to enclose your payment receipt.**

History & Physical Findings

Age of Onset

Exercise intolerance ☐ Yes ☐ No _____

Change in bark quality ☐ Yes ☐ No _____

Difficulty breathing ☐ Yes ☐ No _____

Laryngeal Tieback Surgery ☐ Yes ☐ No _____

Difficulty swallowing ☐ Yes ☐ No _____

Stumbling or knuckling ☐ Yes ☐ No _____

High-stepping/Hitched gait ☐ Yes ☐ No _____

Exaggerated stomping of the rear ☐ Yes ☐ No _____

Muscle atrophy (if yes which limbs) ☐ Yes ☐ No _____

☐ Front Left ☐ Front Right

☐ Rear Left ☐ Rear Right

Requested Test(s):

☐ LPN1

☐ LPN2

☐ LPPN3

☐ LEMP

Owner's

Signature _____ Date _____

To be completed by attending veterinarian/veterinary technician (if any):

☐ I DID verify the tattoo/microchip. ☐ I DID NOT verify the tattoo/microchip.

Signature _____ Date _____

Sample Type

☐ **Whole Blood (EDTA)**
***recommended**

☐ Cheek Swabs

☐ Dew Claws

☐ Semen

See website for complete submission protocols.