

QUESTIONNAIRE

Date:
 Owner's Name
 Horses (registered) Name:
 Registration Association and number:
 Horse Breed: _____ Year of Birth or Age: _____ Coat Color: _____ Horse Gender
 (circle one): Male | Gelding | Female | Year of Gelding?? _____

Please either copy and paste into an email to: PD Dr. Vizenz Gerber vinzenz.gerber@knp.unibe.ch or print out and post to him at: Equine Clinic, Dept. of Veterinary Clinical Studies, Vetsuisse-Fakulty, University of Berne, Länggass-strasse 124, CH-3012 Berne, Switzerland.

Pedigree:

Sire:	Sire of sire:	
	Dam of sire	
Dam:	Sire of dam:	
	Dam of dam:	

Pregnancies/foals by the dam (please list known off-spring):

How long have you been the owner of the foal or how long have you known it, respectively.

Vaccination / Deworming / feeding (dam and foal)

Clinical signs (please mark as: - not observed, + mild, ++ marked, +++: severe)

- 1) Is the foal hypermetric? (exaggerated movements of the front limbs):
- 2) Is the foal ataxic? (Wobbler-like; incoordinated movements, lack of balance, or even unable to rise)
- 3) Does the foal show tremors? (fine shaking, especially of the head)
- 4) Does the foal show a wide-based stance?
- 5) Does the foal startle easily?
- 6) Has the foal fallen or otherwise hurt itself?
- 7) Can you further describe and characterize these clinical signs?
- 8) Which were the first abnormal signs observed, and how old was the foal at this time?
- 9) Can you describe the progression (did it get worse and for how long; did signs at some point stabilize or improve?)

PERMITS:

Blood Samples: send 5 mL of blood per horse. packaged properly, by FED EX to: **Dr. Jolanta Klukowska-Rötzler, Institute of Genetics, University of Berne, Bremgartenstrasse 109a, CH-3012 Berne, Switzerland.** Permit required only from Non-EU countries. Priority Mail sufficient within EU.

Hair Samples: send 30-40 hairs with follicles intact per horse, by mail for a delivery within a 5 day limit in a clean plastic bag per individual, no permit to: **Dr. J. Klukowska-Rötzler, Institute of Genetics, University of Berne, Bremgartenstrasse 109a, P.O. Box 8466, CH-3001 Berne, Switzerland.**

Brain Samples: send 2 types of cerebellum samples (cut in a saggital section through the cerebellar vermis): (i) formalin-fixed for pathological investigations and (ii) submerged in "RNAlater" for RNA analyses. Label "blood product". Permit required only from Non-EU countries. Send by FED EX to: **Dr Jolanta Klukowska-Rötzler, Institute of Genetics, University of Berne, Bremgartenstrasse 109a, CH-3012 Berne, Switzerland.**

Additional Contact Information:

PD Dr. Vincent Gerber, PhD, DACVIM, DECEIM
 Equine Clinic, Dept. of Veterinary Clinical Studies
 Vetsuisse-Fakulty, University of Berne
 Länggassstrasse 124
 CH-3012 Berne, Switzerland
 Phone: 031 631-2243; Fax: 031 631 26 20
 E-mail: vinzenz.gerber@knp.unibe.ch

Prof. Dr. Tosso Leeb
 Institute of Genetics
 Vetsuisse-Fakulty, University of Berne
 Bremgartenstr. 109 a, P.O. Box
 3001 Berne, Switzerland
 Phone +41 31 631-2326; Fax +41 31 631-2640
 E-mail Tosso.Leeb@itz.unibe.ch

CONSENT STATEMENT - Institute of Genetics - University of Berne, Switzerland

Research Statement:

We would like to obtain a blood sample from your horse and /or a brain sample from your euthanized horse. The sample will help us to explore equine genetic issues including patterns of genetic diversity between and within breeds, and in disease states with emphasis on Cerebellar Abiotrophy.

What are the risks Involved with a blood sample?

A blood draw may cause a slight momentary discomfort to your horse as the needle is inserted. Please take any necessary precautions prior to pulling blood or hair samples as the Berne Institute of Genetics and its Clinicians are not liable in any way for any resultant physical harm or property damage. Compensation is not available in the unlikely event of physical harm to your horse resulting from the blood draw procedure or to the individual(s) obtaining the sample.

Who will have Access to the Information and Specimen?

No information about you, or the identity and health information of your horse will be made available to the public. Only the University of Berne's Genetics Institute and collaborators on the respective studies will have access to the samples. Any studies utilizing your horses's blood and/or tissue sample is with the understanding that none of your horse's unique identifiers (name, Registry and Registration number, etc.) will be distributed or published.

Horse Owner's Consent Statement:

I have read the information provided above and am aware regarding the procedures involved. I am the owner or the agent for the owner of the horse described below and I have the authority to execute this release. My signature below indicates I voluntarily agree to give my horse's tissue or blood specimen for this study:

I agree to share samples with your research collaborators? Yes No (please circle)

Owner's Signature: _____ Date: _____

Owner's Name (printed): _____

Email Address: _____

Would you like to be notified of updates via email? yes | no

Street Address: _____

City, State, Zip, Country: _____

1) Horse Registered Name: _____

Registration Association and number: _____

Horse Breed: _____ Year of Birth or Age: _____ Coat Color: _____ Pedigree attached? yes | no

Horse Gender (circle one): Male | Gelding | Female | Year of Gelding _____

Any known diseases in this horse? No Yes. Any known diseases in related horses? No Yes

2) Horse Registered Name: _____

Registration Association and number: _____

Horse Breed: _____ Year of Birth or Age: _____ Coat Color: _____ Pedigree attached? yes | no

Horse Gender (circle one): Male | Gelding | Female | Year of Gelding _____

Any known diseases in this horse? No Yes. Any known diseases in related horses? No Yes

Please add additional horse(s) name(s) and information, if needed. Questionnaires completed on past diagnosed CA foals/horses with copy of diagnosis attached would be appreciated. Thankyou in advance for your participation.

BRAIN SPECIMEN(S) and BLOOD SAMPLE(S) require the following **IMPORT PERMIT** from non - EU countries. Please print and attach to the outside of each brain and/or blood sample package, for easy viewing by the Swiss customs. Label package(s) "blood product". All brain and blood samples to be individually identified and mailed to **Dr. Jolanta Klukowska-Rötzler, Institute of Genetics, University of Berne, Bremgartenstrasse 109a, CH-3012 Berne, Switzerland**. Please send brain samples, sized as roughly square blocks of 0.5 - 1.0 cm in each dimension (0.2 - 1.0 grams) for both pathology as well as for the 'RNA Later' samples. If the vet does not know where to get RNA later, please contact us. Include all paperwork inside sample package. (Consent Form, Questionnaire) and place Import Permit on outside of package.



Bundesanmt für Veterinärwesen
Office vétérinaire fédéral
Ufficio federale di veterinaria
Uffizi federal veterinar

3003 Bern, 28.02.2007
HP250.26

CH-3003 Bern
Schwarzenburgstr. 155
Telefon 031 323 85 24 / 09
Telefax 031 323 85 22

Importeur

Bewilligung Nr. 807/07

Universität Bern
Institut für Genetik
Bremgartenstr. 109a
3012 Bern

Einfuhr - Waren

1. Bezeichnung der Tiere bzw. Waren Tiere div./and. - Blutprodukte/Seren in Teilsendungen von ungeschützten Tieren	
2. Herkunftsland / Ursprungsland alle zugelassenen Länder	
3. Lieferant alle zugelassenen Lieferanten	
4. Zollämter --	
5. Bestimmungsort Universität Bern, Institut für Genetik, Bremgartenstr. 109a, 3012 Bern	
6. Kontrolltierarzt ---	
7. Hinweise auf Rechtsgrundlagen, tierseuchenpolizeiliche Vorschriften und Bemerkungen ohne Grenztierärztliche Untersuchung <i>Für interne Analysen</i>	
8. Geht an KT-BE Importeur	9. Gebühren (werden vom Zoll erhoben) Kanzleigebühr Fr. 20.-
10. Gültig bis 31.12.2007 * Vorbehalten bleiben Verfügungen, durch welche die Bewilligung jederzeit widerrufen oder abgeändert werden kann. Die Bewilligung gilt nur für den Importeur, auf dessen Namen sie lautet. Rechtsmittel siehe Rückseite	11. Unterschrift - Bundesamt für Veterinärwesen  Dr. Urs Zimmerli