

Dear owner,

Thank you for being willing to take part in our study on Scottie Cramp. This package includes instructions on how to videotape your dog's episode, a questionnaire to complete describing its symptoms, and instructions for your vet on how to obtain and send us a blood sample. If you also own normal Cairn Terriers (more than 5 years of age), we would love to have blood samples from them as well. If you have any questions at all, please contact Dr. Ganokon Urkasemsin on 919 513 7235 or e mail: gurkase@ncsu.edu. Thank you again for your help

Natasha Olby Vet MB PhD DACVIM (Neurology)

Natasha_olby@ncsu.edu

How to videotape your dog

Please can you videotape your dog when walking and running (front, back, and side view), when negotiating stairs and throughout a complete cramp episode (including the recovery from the episode). If digital please burn it to a CD, and if not, send us the videotape itself. Please can you label the video with your dog's full name (call and pedigree), the date of recording, and your dog's age. Our e mail and mailing addresses are given below

ALSO, PLEASE SEE QUESTIONNAIRE BELOW.

Thank you for your help

Natasha Olby and Ganokon Urkasemsin.

Natasha_olby@ncsu.edu; gurkase@ncsu.edu

College of Veterinary Medicine

NCSU

4700 Hillsborough St

Raleigh, NC 27606.

Tel: 919 513 7235

Questionnaire for dogs diagnosed with Scottie Cramp

Owner's information

Name:

Mailing address:

Phone number:

Email address:

Your Scottie's or Cairn Terrier's information

1. What is your dog's name?
2. What is your dog's pedigree name and AKC registration number (if available)?
3. What is your dog's date of birth?
4. At what age did your dog first show signs of Scottie cramp?
5. Please describe a typical episode including the period immediately before and after the episode and the duration of the episode. Please also include a video of the episode.

6. How often do the episodes occur?

7. What are the triggers for episodes?

8. Is there a way to limit the duration of an episode (e.g. place in a quiet place?)

9. How long does it take to produce signs after being exposed to the normal trigger?

10. Have the episodes changed in any way over your dog's life?

11. Has your dog been treated for Scottie cramp? _____

If yes, what treatment was used and was it effective?

12. Does your dog have any difficulty negotiating stairs? _____

If yes, when did this problem start?

13. Does your dog have a head tremor when excited about something? _____

If yes, when did you first notice it?

14. Have you noticed any other neurological symptoms or abnormalities in gait? _____

If yes please describe:

15. Has your dog been seen by a veterinarian or a veterinary neurologist for this problem?

If yes could you send us their report. If you don't have it, could you give us the name and number of your vet or neurologist so that we can talk to them?

16. Does your dog have any other health problems? Please list.

17. Do any of the relatives (great parents, parents, sibling, cousin, and etc.) of your dog have Scottie cramp? _____

If yes, will the owners of these dogs agree to take part in our study and how can we contact them?

18. Have any relatives of your dog been diagnosed with cerebellar abiotrophy (CA) (also known as cerebellar ataxia or cerebellar cortical degeneration)?

Please return the completed form by e mail (gurkase@ncsu.edu), or fax (For the attention of Dr Natasha Olby, 919 513 7301) or mail with the video and blood sample (to Dr. Ganokon Urkasemsin, NCSU College of Veterinary Medicine, 4700 Hillsborough St, Raleigh, NC 27606.).

Thank you for your help.

Natasha Olby Vet MB, PhD DACVIM (Neurology)

DNA Sampling Protocol for Scottish and Cairn Terriers with Scottie Cramp

THANK YOU for helping us with this research.

1. DNA storage

We need 6-10mls of blood taken into an EDTA tube (or tubes) and sent to us overnight on ice. Please avoid shipping on a Friday as this would mean the sample would sit in the mail over the weekend. If the sample is drawn on a Friday or at the weekend, the blood will be fine if simply kept in a 4 degree centigrade refrigerator until it is shipped on Monday.

2. Pedigree

Please could you forward the pedigree with the date of birth, gender, and call name of your dog clearly marked. Please note on the pedigree whether your dog is normal or affected.

Everything should be shipped to the attention of Dr. Ganokon Urkasemsin at:

Room 332 CVM Research Building, College of Veterinary Medicine, NCSU, 4700 Hillsborough St, Raleigh, NC 27606 (telephone 919 513 7235). Please notify us on the day the sample is shipped if possible by phone or by e-mail (gurkase@ncsu.edu or natasha_olby@ncsu.edu)

Thank you for your help. If you have any questions I can be contacted in my office at 919 513 8286 or in the clinic at 919 513 6692. If I don't answer my office telephone, try the clinic as our receptionist can page me if it is urgent.

Natasha Olby Vet MB, PhD, DACVIM (Neurology)

North Carolina State University Veterinary Teaching Hospital

Informed Consent

Patient Name:

Project: **The genetics of Scottie cramp and hereditary cerebellar cortical degeneration in Scottish and Cairn Terriers.**

Sponsor: American Kennel Club Canine Health Foundation

Principal Investigator: Natasha Olby, VetMB, PhD, Dip ACVIM (Neurology)

Purpose of Research

The purpose of this study is to identify the chromosomal abnormalities (mutations) that cause Scottie cramp and hereditary ataxia in Scottish and Cairn terriers. DNA will be banked and pedigree data collected from affected dogs and family members (while maintaining anonymity) so that it will be available for gene mapping studies.

Description of Procedures

A blood sample (4 - 10 ml) will be taken from the jugular or cephalic vein for DNA isolation. If available, a copy of the pedigree will be submitted with the blood sample and details of any neurological problems identified will be noted. All information given will be confidential and the source of DNA will not be divulged to people outside the research group

Please Read Each Statement Carefully and Initial on the Line

1. I understand that the sample obtained will be used for gene mapping with the aim of identifying the mutation causing Scottie cramp and hereditary cerebellar degeneration. _____
2. I understand that the sample obtained is the property of North Carolina State University for research purposes. _____.

The investigators can answer any questions regarding the procedures and research goals of the project. Dr Olby can be contacted by e mail at Natasha_olby@ncsu.edu

I have read and fully understand all the above. I consent to taking part in this study

Clinician Signature: _____

Owner/Authorized Agent/

Representative: _____ Date: _____