



**Centronuclear Myopathy (CNM)**  
**Hereditary Myopathy of the Labrador Retriever**

***PTPLA gene test result***

A buccal swab from:

Call name: **Buster**

Registered: **Four Leaf's Ice Breaker**

with the number: **AKC SN84452504**

with Identification: **Microchip 44310C2654**

certified by a veterinarian ? **Yes**

has been received at the Alfort School of Veterinary Medicine on  
**2006-09-20**

DNA was extracted, analyzed and has been shown to contain  
**Two PTPLA gene copies with no insertion in exon 2**

>> clear of the CNM mutation and  
not at risk for transmitting the deleterious gene <<

and as a consequence received the CNM database registration number :

**LR-CNM06-865-M-PIV**

Signature:

Dr Laurent Tiret

Date: 2006-09-20

more information on <http://www.labradorcnm.com>

Alfort School of Veterinary Medicine  
7 avenue du Général de Gaulle  
94704 Maisons-Alfort CEDEX  
France

**Veterinary Diagnostic Laboratory**  
**College of Veterinary Medicine**  
1333 Gortner Avenue  
St. Paul, MN 55108

1-800-605-8787  
612-625-8787  
Fax: 612-624-8707  
e-mail: vdl@umn.edu  
www.vdl.umn.edu

**Accession Number:** D09-048791

**Owner:** HAYES, PETER  
E7464 910TH AVE  
COLFAX, WI 54730

**Veterinarian:**  
Dr. Randy J Schuett  
Pewaukee Veterinary Service  
N29 W23950 Schuett Drive  
Pewaukee, WI 53072

**Site:**  
**Received:** 09/30/2009  
**Reference:**  
**Species:** Canine  
**Breed:** Labrador Retriever  
**Age:** 6/23/01      **Sex:** Intact  
Male  
**Weight:**

**Diagnostic Report: Genetic Test for Canine Exercise Induced Collapse (EIC)**

**Specimen From:** Four Leaf's Ice Breaker

**With Identification:** 44310C2654

**With Registration Number:** SN844525/04

**ID Verified by Veterinarian:** Yes

**Result:** Clear

See following page for interpretation.

**Orthopedic Foundation for Animals (OFA) International DNA Based Genetic Database:** To register your result with the OFA, make a copy of this result page, sign below, and mail WITH FEE to:

Orthopedic Foundation for Animals  
2300 E Nifong Blvd  
Columbia, MO 65201-3806

or FAX to: 573-875-5073

*I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.*

**Signature of owner or authorized representative:** \_\_\_\_\_

- Fees**
- Submission fee/individual.....\$15.00
  - A litter of 3 or more submitted together.....\$30.00 total
  - Kennel rate:** Individuals submitted as a group, owned/co-owned by the same person
  - 5 or more individuals.....\$7.50 each

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or MasterCard, payable to the Orthopedic Foundation for Animals.

\_\_\_\_\_  
Visa/MasterCard Number                      Name on Card                      Exp Date                      CVV (security code)

**Affected dogs at any age are no charge**

**Interpretation**

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FOURLEAF'S ICE BREAKER, AFC, FC

*registered name*

LABRADOR RETRIEVER

*breed*

BLACK

*color*

402E035A1C

*tattoo/microchip/DNA profile*

1070589

*application number*

1/4/2010

*date of report*

SN84452504

*registration no.*

M

*sex*

6/23/2001

*date of birth*

101

*age at evaluation in months*

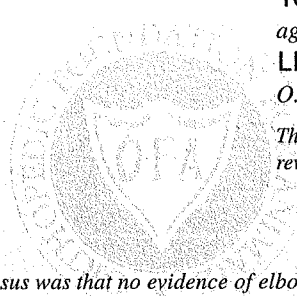
LR-EL45520M101-VPI

*O.F.A. NUMBER*

*This number issued with the right to correct or  
revoke by the Orthopedic Foundation for Animals.*



A Not-For-Profit Organization



*Based upon the radiograph submitted the consensus was that no evidence of elbow dysplasia was recognized*

**NORMAL**

owner

PETE HAYES

E 7464 910TH AVE

COLFAX, WI 54730

*G.G. Keller DVM*

G.G. KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FOURLEAF'S ICE BREAKER

*registered name*

LABRADOR RETRIEVER

*breed*

BLACK

*color*

44310C2654

*tattoo/microchip/DNA profile*

1070589

*application number*

7/29/2003

*date of report*

SN84452504

*registration no.*

M

*sex*

6/23/2001

*date of birth*

24

*age at evaluation in months*

LR-134833E24M-PI

*O.F.A. NUMBER*

*This number issued with the right to correct or  
revoke by the Orthopedic Foundation for Animals.*



A Not-For-Profit Organization

*Based upon the radiograph submitted the consensus was that no evidence of hip dysplasia was recognized*

*The hip joint conformation was evaluated as:* **EXCELLENT**

owner

PETER & KELLY HAYES

E7464 910TH AVE

COLFAX, WI 54730-4730

*G.G. Keller DVM*

G.G. KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES