Memorandum of Agreement
Histiocytic Sarcoma in
Bernese Mountain Dogs (pre-test)

Canine genetics
Canine Genetics Team
CNRS - Rennes

Research carried out by the Canine Genetics Team of the Institute of Genetics & Development of the National Centre for Scientific Research (CNRS) in Rennes (France) has enabled the identification of the genetic markers associated with the risk of developing and transmitting Histiocytic Sarcoma in the Bernese Mountain Dog. In order to enable breeders to take advantage of these preliminary results, the ANTAGENE Laboratory, in collaboration with the CNRS Canine Genetics Team, proposes to offer a DNA pre-test, which will be part of the ongoing research being undertaken by the CNRS Canine Genetics Team and its partners.

Statistical analysis of these genetic markers has been used to produce a genetic index. This index can help breeders in the selection of breeding stock and matings. It is not, however, a prediction of the occurrence of the disease; this pre-test is only a probability test, based on information from a population of 1081 French Bernese Mountain Dogs.

Mr/Mrs/Miss _____

Address _____

I hereby certify that I am a breeder of Bernese Mountain Dogs with the kennel name (if applicable):

_____ and as such:

- I recognise that this pre-test is a genetic tool to assist in the management of my Bernese Mountain Dog breeding programme in terms of the disease Histiocytic Sarcoma in Bernese Mountain Dogs, and agree to contribute to advances in research into Histiocytic Sarcoma in Bernese Mountain Dogs for better understanding of this disease and to improve the predictive power of this pre-test.
- I recognise that this pre-test provides no individual predictive data, but that this test only determines a probability of the animal developing the disease. To the fullest extent permitted under applicable law, the ANTAGENE laboratory does not accept responsibility or liability for any compensatory, punitive, direct, indirect, consequential, incidental, special loss or damages of any kind resulting from the use of this pre-test, including but not limited to loss of use, loss of income, lost profits, loss of time, loss of sales, injury to personal property, any liability the customer incurs with respect to any other person, or any other type or form of consequential damage or economic loss however caused and regardless of form of action whether in contract, tort, including negligence, strict product liability or otherwise regardless if ANTAGENE has been advised of the possibility of such damages. The customer acknowledges and agrees that any risks of loss hereunder are reflected in the price of the testing services and that these terms would have been different if there had been a different allocation of risk.
- I agree to not use the results of this pre-test in connection with the sale of puppies and, under no circumstances I will use the results as an advertising or commercial argument for my dog or my kennel, due to the risk mentioned above.

I agree to help in research:

- By recognising the necessity of supplying a blood sample in an EDTA tube (young and adult dogs) or a cheek swab (puppies) not only from dogs for which I require results of this pre-test but also from those dogs for which I do not require results to be returned (no payment needed) as part of this research.
- Supplying the pedigree and all clinical information on each dog.
- Relating any new events and the latest clinical & genealogical data concerning each dog using the clinical questionnaire available on the CNRS website (questionnaires can be downloaded) or from the ANTAGENE site (on-line questionnaire).
- Continuing regular communication with the CNRS Canine Genetics Team in Rennes and ANTAGENE.

The ANTAGENE laboratory and the CNRS Canine Genetics Team in Rennes will hold all data provided by the owner and any other data resulting from this pre-test in the utmost confidentiality.

This memorandum of agreement is subject to French law.

I have read and understood and agree to the conditions of this pre-test for Histiocytic Sarcoma as stated above.

Please complete and sign two copies of this document - keep one for yourself and send one with the blood sample.

Date: _____

In: (location) _____

_____
SIGNATURE OF OWNER
(LAST NAME, first Name)

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