

BLOOD SAMPLE FOR CANINE GENETIC RESEARCH IN FINLAND

(Provide 3-5 ml of blood in an EDTA-tube per sample)

Please fill in both pages carefully.

Breed:

Registration number:

Registered name:

Tattoo/chip#:

Date of birth:

Sex: Male Female

Has the dog been spayed/castrated?

Mark if the dog is suffering from following conditions

- | | |
|---|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergies (e.g. food) | <input type="checkbox"/> Demodex mites or demodicosis |
| <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Hyperthyroidism |
| <input type="checkbox"/> Pancreatic insufficiency | <input type="checkbox"/> Liver malfunction |
| <input type="checkbox"/> Recurrent infections | <input type="checkbox"/> Dental abnormalities |
| <input type="checkbox"/> Undescended testicles | <input type="checkbox"/> Breeding problems |
| <input type="checkbox"/> Anal furunculosis (perianal fistula) | <input type="checkbox"/> Congenital heart failure |
| <input type="checkbox"/> Cancer, what kind of? | |

Skeletal defects

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Hip or elbow dysplasia | <input type="checkbox"/> Patellar luxation | <input type="checkbox"/> Kinked tail |
| <input type="checkbox"/> Legg Perthes | <input type="checkbox"/> Spinal problems | <input type="checkbox"/> Other, what? |

Eye diseases

- | | |
|--|--|
| <input type="checkbox"/> PRA (progressive retinal atrophy) | <input type="checkbox"/> Pannus (corneal inflammation) |
| <input type="checkbox"/> Primary lens luxation | <input type="checkbox"/> Hereditary cataract |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Other, what? |

Autoimmune diseases

- | | | | |
|---|---|---------------------------------------|-------------------------------|
| <input type="checkbox"/> SLE (systemic lupus erythematosus) | <input type="checkbox"/> Addison disease | <input type="checkbox"/> AIHA | <input type="checkbox"/> IMHA |
| <input type="checkbox"/> Keratitis | <input type="checkbox"/> Thrombocytopenia | <input type="checkbox"/> Other, what? | |

Behavioral problems

- Separation anxiety Fear of loud noises
- Aggression or pronounced shyness towards other dogs or humans
- Other, what?

Other diseases, what?

In case you marked a cross to any of the above conditions, please, specify your answer (e.g. onset age of the disease, describe the symptoms carefully and treatments given).

Does the dog have close relatives suffering from any of the conditions mentioned above? What?

Date the sample was collected:

Sample collector:

Owner information:

Name:

Address:

Postal/Zip Code:

City:

Country:

Phone:

Email:

All the information concerning the dog and the owner is stored into the secured database for the research purposes and is handled confidentially!

Place and date

Owner's signature

Ship the samples **immediately by express mail** from abroad in room temperature to the address shown below. If immediate shipping is not possible samples should be stored in refrigerator until shipping. Do no freeze.

Ship samples to:

Ranja Eklund/Lohi Laboratory
Biomedicum Helsinki, room B332a
Haartmaninkatu 8
P.O. Box 63
00290 Helsinki
Finland

Any questions about samples please email ranja.eklund@helsinki.fi. More information about canine genetic research in Finland: www.koirangeenit.fi.

Thank you again!

