

# AFGHAN HOUND CLUB OF AMERICA CHYLOTHORAX RESEARCH PROJECT



## DIRECTIONS FOR THE OFA CHIC BLOOD COLLECTION KIT

### Step #1

If your Afghan Hound has been diagnosed with Chylothorax, we hope you will participate in the research into this disease.

Please fill out the attached (Step #1) and mail it to: **CHIC DNA REPOSITORY, 2300 E Nifong Blvd, Columbia, MO 65201-3806.**

If your dog has been diagnosed with Chylothorax the \$20. Fee will be waived.

OFA will send back the Blood Collection kit which includes the bar codes for your blood sample vial.

Take this to your vet so they can draw the blood and send to the Researcher:

**Dr. Gary Johnson - AFGHAN HOUND CLUB OF AMERICA - CHYLOTHORAX DNA RESEARCH**  
**320 Connaway Hall, University of Missouri, Columbia, MO 65211**

The Researcher – Dr. Gary Johnson from the University of Missouri has requested a health history form to be filled out (Step #2) and returned with the blood sample.

If you have any questions, please contact your Canine Health Chair, Anna Tyler at [Inisfree1@charter.net](mailto:Inisfree1@charter.net). If you could let Anna know you are sending in a blood sample she can contact the Researcher to let them know to watch for it.

Thank you so much for your very important part in AHCA Chylothorax Research. We wish all the best to you and your Afghan Hound during this time. Please stay in touch.

**The Afghan Hound Club of America**



CHIC DNA Repository

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.caninehealthinfo.org



Dog Call Name: \_\_\_\_\_

STEP 1

Application for DNA Repository

Form with fields for: Previous application number, Registered name, Breed, ID Number, Owner name, Mailing address, City, State, Zip/postal code, Registration number, Sex, Date of Birth, Registration number of sire, Registration number of dam, Co-owner Name, Owner Email, Owner Phone, Other registry name, Other registry #.

Upon receipt and processing of this application, the owner will receive a Sample Submission Kit depending on the option selected below.

DO NOT SUBMIT SAMPLE WITH THIS INITIAL APPLICATION.

Please fill out the health survey on the back of this form with later swab or blood submission.

Sample Submission Kit Order

- Blood Collection Kit \$20.00 (includes collection instructions, health survey, mailing labels)

DNA Sample Submission Agreement

I hereby donate, assign, and transfer a DNA sample of the dog named above to the CHIC DNA Repository for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of the CHIC DNA Repository. I authorize the OFA to provide any researchers receiving a portion of this sample with all necessary information including pedigree and health history to make the sample useful. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of, the DNA sample.

Signature of owner/agent

Date

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/Master Card Number Name on Card Exp Date CVV (security code)



# CHIC DNA Repository Health Survey

Has this dog ever been diagnosed with any of the following health issues? For each section you answer with a yes, please fill out the rest of the section. If you answer no to any section, skip to the next section.

## Eye Disorders Yes No

- Distichiasis
- Dry Eye
- Entropion
- Juvenile Cataracts
- Non Healing Corneal Ulcer
- Retinal Dysplasia
- Persistent Pupillary Membrane
- Glaucoma
- Cherry Eye
- Other \_\_\_\_\_

## Ear Disorders Yes No

- Chronic ear infection
- Deafness (if yes, describe coat color/pattern) \_\_\_\_\_
- Other \_\_\_\_\_

## Skin Disorders Yes No

- Atopic Dermatitis (allergy to inhaled substances)
- Food/Medicine Allergies
- Alopecia
- Autoimmune Skin Disease
- Systemic Demodectic Mange
- Sebaceous Adenitis
- Seborrhea
- Other \_\_\_\_\_

## Gastrointestinal Disorders Yes No

- Pyloric Stenosis
- Megaesophagus
- Cleft Palate
- Chronic Vomiting
- Choric Colitis
- Inflammatory Bowel Disease
- Other \_\_\_\_\_

## Respiratory Disorders Yes No

- Congenital Tracheal Stenosis (narrow trachea)
- Stenotic Nares
- Elongated Soft Palate
- Laryngeal Paralysis
- Other \_\_\_\_\_

## Orthopedic Disorders Yes No

- Hip Dysplasia
- Patellar Luxation
- Elbow Dysplasia
- Premature IVD (intervertebral disc degeneration)
- Vertebral Anomalies
- HOD
- Other \_\_\_\_\_

## Cardiac Disorders Yes No

- Vascular Ring (right aortic arch)
- Subaortic Stenosis
- Pulmonic Valve Stenosis
- Persistent Ductus Arteriosus
- Persistent Foramen Ovale
- Tricuspid Valve Defect
- Mitral Valve Defect
- Cardiomyopathy
- Porto-Systemic Vascular Shunt (Liver Shunt)
- Other \_\_\_\_\_

## Urinary Disorders Yes No

- Ectopic Ureter
- Urinary Crystals/Stones
- Other \_\_\_\_\_

## Blood/Lymph Disorders Yes No

- Autoimmune Hemolytic Anemia
- Chylothorax
- Idiopathic Thrombocytopenia
- vonWillebrand's disease (Symptomatic?)  Y  N
- Other \_\_\_\_\_

## Endocrine Disorders Yes No

- Hypothyroid
- Addison's disease (adrenal insufficiency)
- Cushing's disease (adrenal oversecretion)
- Diabetes
- Other \_\_\_\_\_

## Reproductive Disorders Yes No

- Cryptorchid/Monorchid
- Abnormal Sperm
- Testicular Atrophy
- Irregular heat cycle
- Uterine Inertia
- Other \_\_\_\_\_

## Neurologic Disorders Yes No

- Epilepsy
- Caudea Equina Syndrome
- Degenerative Myelopathy
- Other \_\_\_\_\_

## Cancer/Tumors Yes No

- Mast cell tumor
- Lymphoma
- Hemangiosarcoma
- Testicular cancer
- Mammary cancer
- Osteosarcoma
- Other \_\_\_\_\_