

AFGHAN HOUND CLUB OF AMERICA CHYLOTHORAX RESEARCH

STEP #2



MAIL CHILLED BLOOD SAMPLE AND HEALTH HISTORY FORMS TO:

DR. GARY JOHNSON – AFGHAN HOUND CLUB OF AMERICA CHYLOTHORAX RESEARCH

320 CONNAWAY HALL, UNIVERSITY OF MISSOURI, COLUMBIA, MO 65211

Blood Sample – the ideal sample for DNA extraction is 5 – 10 ccs of whole blood, in purple-topped (EDTA) tubes. For puppies, 3ccs should be sufficient. The blood sample needs only to be put in the tubes and rocked gently a few times to distribute the anticoagulant – do not spin, extract serum, or anything further. Refrigerate if the sample is being held for any time before shipping. Keep chilled when shipped.

Label sample with the following:

Dog's call name – owner's last name. (Print clearly)

ATTACH THE BAR CODES FROM OFA CHIC TO THE VIALS OF BLOOD IN STEP #1.

(If samples from several dogs are sent together, number sample and forms.)

Fill out Step #2 Health History forms attached.

Shipping: - Ideally the sample should be shipped immediately. Do not send on a Friday – there will not be anyone to accept the delivery on a weekend, and the sample could be unusable by Monday. Pack in a small insulated container (most vets have these for shipping blood samples to labs), with one or more cool packs – it is important that blood samples be kept cool, but not frozen.

The delivery address is:

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If you have any questions, please contact your Canine Health Chair, Anna Tyler at 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

CANINE DNA RESEARCH

Breed **AFGHAN HOUND**

Individual Dog Information

Litter ID code: _____

Blood - Tissue - other _____

Registered Name _____ Call name _____

AKC# _____ Birth Date _____ Male / Female - - Intact / Neutered

Sample Submission Date: _____ Color _____

Sample submitted for which research project? _____

Owner: name _____ Alternate _____

address _____ Contact _____

phone (day) _____

phone (eve) _____

fax _____

e-mail _____

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

- | | |
|-----------------------------------|--|
| Y - N Allergies | Y - N Digestive difficulties |
| Y - N Arthritis | Y - N Heart Problems |
| Y - N Autoimmune Disorders | Y - N Hernia (where? _____) |
| Y - N Bite or Tooth Abnormalities | Y - N Reproductive Problems |
| Y - N Cancer / Tumors | Y - N Seizures |
| Y - N Cataracts / Vision Problems | Y - N Skin / Coat Problems |
| Y - N Deafness / Hearing Impaired | Y - N Skeletal Abnormalities (Hip Dysplasia, etc.) |
| other (please list): | Y - N Temperament Problems (shy, aggressive, etc.) |

Y - N CHYLOTHORAX

Testing done on this dog:

OFA/PennHip Y - N age at test: _____ result: _____ # _____

CERF Y - N age last tested: _____ result: _____ # _____

Thyroid Y - N age last tested: _____ result: _____

other (please list):

Other Comments / Questions / Concerns?

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.
- I will / will not consider donation of a tissue sample (spleen, kidney, or liver) upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

I submit this sample and pedigree for the purpose of DNA research; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____

CANINE DNA RESEARCH

LITTER INFORMATION

(attach Pedigree, and Litter List)

Breed: AFGHAN HOUND

Litter ID code: _____

Breeder: _____

Litter birthdate: _____

Information Contact:(name) _____

(address) _____

(city, state, zip) _____

(phone-day) _____

(phone-eve) _____

(Fax) _____

(e-mail) _____

Number of pups: - at birth - live M _____ F _____ dead M _____ F _____

- surviving at 6 weeks - M _____ F _____

- surviving at 6 months - M _____ F _____

- surviving at submission date - M _____ F _____

Color(s) present in litter: _____

Known health problems in litter:

(List problem, dog name and ID # from litter list, age of onset, pertinent details)

Other litter notes or comments:

Submitted by (name) _____ on (date) _____

CANINE DNA RESEARCH

LITTER LIST

(attach with Pedigree, and Litter Information)

Breed AFGHAN HOUND

Litter ID code: _____

Information and samples being submitted for which research project? _____

<u># - Registered name</u>	<u>Call name</u>	<u>M/F</u>	<u>Affected?</u>	<u>Alive now?</u>
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