Inherited Eye/Genetic Disease Research Sample Submission Form:

INSTRUCTIONS: In addition to collecting 2-5 ml of whole unclotted blood in a purple capped EDTA tube or cheek swab or semen sample (male dogs only) from each dog, please include:

- Completed form by owner
- 3-6 generation pedigree of the dog
- Current and any/all previous eye exams on the dog *(can be sent electronically)*

The blood and paperwork should be sent via US Mail, or a commercial shipper* (UPS, FedEx) to:

Jessica Niggel **(overnight shipment preferred)*
School of Veterinary Medicine
University of Pennsylvania
3900 Delancey Street. Ryan #2050
Philadelphia PA 19104-6010.
215–898–5452 jniggel@upenn.edu

Shipping Blood: The blood vial should be protected from breakage during shipping.
Place the blood tube inside a sealed plastic bag (or other sealed container).

*Include absorbent material (e.g. paper towel) inside the plastic bag.
*Outside package: Clearly labeled **"EXEMPT ANIMAL SPECIMEN"**
*Inside package: Paperwork indicating composition of sample *(e.g. non-contagious, non-hazardous canine blood for research).*

OWNER/BREEDER/HANDLER Information

Name: first_____initial ____last_____
Address:_____
City: _____State/Province: _____
Country: _____Zip/Postal Code: _____
Phone #: _____ E-mail: _____

DOG IDENTIFICATION (Indicate "N/A" if question not applicable)

Breed : _____Call Name: _____
Registered Name:_____
Registration/microchip #:_____ Sex: ☐ Female ☐ Male
Date of birth: ____ ____ ____(mon/day/yr) Weight:____ Coat color: ____
Registered Name of Sire:

_____

Registered Number/microchip of Sire:

_____

Registered Name of Dam:

_____

Registered Number/microchip of Dam:

_____

DISEASE HISTORY AND ANY OBSRVATIONS/ NOTES ABOUT THE DOG THAT MIGHT BE RELEVANT TO THE RESEARCHERS:
Please include type/name of disease (e.g. Glaucoma, PRA, etc.) if applicable. Use the back of this form if needed:

_____
_____
_____
_____

Signature and date: _____