

BLOOD SAMPLE FOR CANINE GENETIC RESEARCH IN FINLAND

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

Please fill in both pages carefully.

Breed:

Registration number:

Registered name:

Microchip number/tattoo:

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"/> Malocclusion |
| <input type="checkbox"/> Anal furunculosis (perianal fistula) | <input type="checkbox"/> Breeding problems |
| <input type="checkbox"/> Cancer, what kind of? | <input type="checkbox"/> Congenital heart failure |
| <input type="checkbox"/> Parakeratosis (dry nose) | |

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? |
| <input type="checkbox"/> Osteochondritis dissecans (OCD) | | |

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? |

If your dog has been diagnosed with some eye disease, a copy of the eye certificate should be included.

Autoimmune diseases

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

Behavioral problems

- | | |
|---|---|
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Fear/shyness towards strange persons, dogs or novel situations |
| <input type="checkbox"/> Noise phobia/ sound shyness | <input type="checkbox"/> Compulsive tail chasing |
| <input type="checkbox"/> Aggressive behavior towards people | <input type="checkbox"/> Chasing shadows/lights |
| <input type="checkbox"/> Aggressive behavior towards owner or family member | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Aggressive behavior towards dogs | <input type="checkbox"/> Something else, please specify |

TURN

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).

If the dog has some disease, is the disease diagnosed by a veterinarian Yes No

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

SAMPLE COLLECTOR FILLS

Date the sample was collected:

Microchip number/tattoo checked Yes No

Sample collector:

Owner information: (if the dog has many owners, underline the person to whom the contact information applies)

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 not freeze.

Ship samples to:

Ranja Eklund/Lohi Laboratory
Biomedicum Helsinki, room B320
Haartmaninkatu 8
00290 Helsinki
Finland



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