



## BLOOD SAMPLE FOR CANINE GENETIC RESEARCH IN FINLAND

(Provide 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

**Date of rabies vaccination:**

**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     |

**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         | <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).

**TURN**

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 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 B332a  
Haartmaninkatu 8  
P.O. Box 63  
00290 Helsinki  
Finland



Any questions about samples please email [ranja.eklund@helsinki.fi](mailto:ranja.eklund@helsinki.fi). More information about canine genetic research in Finland: [www.koirangeeniit.fi](http://www.koirangeeniit.fi).

Thank you again!

**TURN**