

Cocker Spaniel Inherited Cataract Research Form

INSTRUCTIONS: In addition to collecting 3-5 ml of whole unclotted blood in a purple capped EDTA tube from each dog, please include:

- Completed form by owner
- 5-6 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 to:

Leonardo Murgiano and Jessica Niggel

School of Veterinary Medicine

University of Pennsylvania

3900 Delancey Street. Ryan #2050

Philadelphia PA 19104-6010.

215-898-5452 jniggel@upenn.edu

-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 Information

Name: first _____ initial ____ last _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

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

Breed : _____ Call Name: _____

Registered Name: _____

Registration #: _____

Birthdate: ____/____/____ (mon/day/yr) Sex: ____ Female ____ Male

Registered Name of Sire:

Registered Number of Sire:

Registered Name of Dam:

Registered Number of Dam:

Number of full siblings of dog, including repeat matings of parents: _____

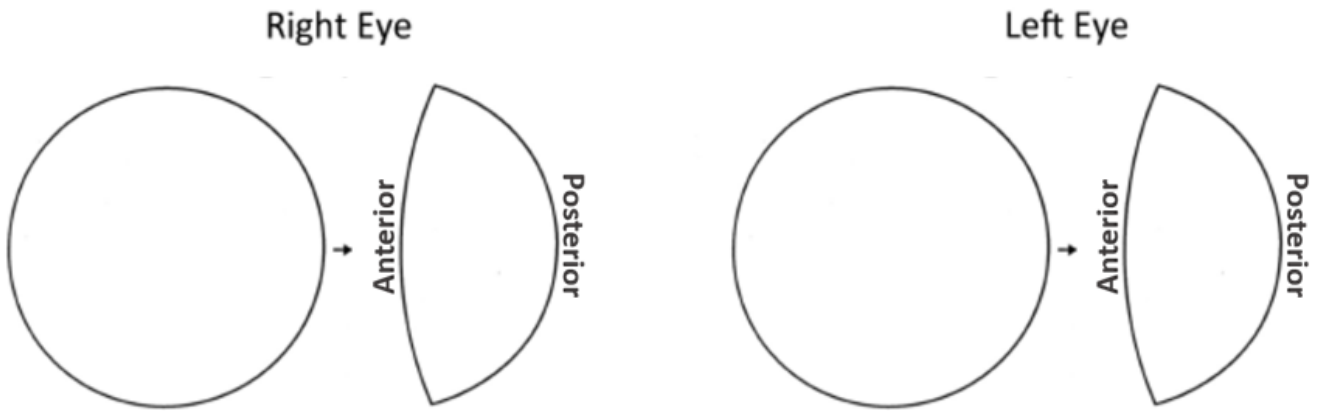
Are there any other cases of inherited cataracts known to have occurred in relatives of this dog? Yes _____

No _____ If yes, please describe relationship to affected dog or identify in pedigree and whether blood samples and clinical examination records are available from any of these dogs:-

Ophthalmologist/Clinician Contact Information Date of Exam: _____

Name: first _____ initial ____ last _____
Address: _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____
Day Phone: _____ Evening Phone: _____
Fax: _____ Email: _____

Clinical examination results (using slit lamp biomicroscope):



Lens Examination

Normal (describe for each eye).

Abnormal (describe for each eye). Can you provide digital clinical pictures?) (these should be sent to jniggel@upenn.edu)

In your opinion, are the cataracts inherited, acquired or of unknown cause?
