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:-
______________________________________________________________
______________________________________________________________
______________________________________________________________

Cocker Inherited Cataract Form 2_08_21
Ophthalmologist/Clinician Contact Information

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):

**Right Eye**
- Anterior
- Posterior

**Left Eye**
- Anterior
- Posterior

**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?

__________________________________________
__________________________________________
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Please describe the results of the eye exam in terms of any other abnormal ocular findings:

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Other tests performed and their interpretation

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