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	Lab entry:
	Confirmation of receipt:

Shar Pei research, genetic testing for Shar-Pei Autoinflammatory Disease (SPAID) and Primary Open Angle Glaucoma/Primary Lens Luxation (POAG/PLL)

Sample shall be used for (you can also choose more than one point):							
Support of research (free of charge)							
Genetic testing for SPAID (56,- €; SPAID + POAG/PLL Test: 90,- €)							
Genetic testing for POAG/PLL (43,- €)							
Storage (only for members of CER, 10,- €)							
Information about the owner							
Last name:				First name:			
Address:							
Phone / Email:							
Information about the dog (incl. pedigree-information)							
Name & kennel name:							
Sex:		male	female	date of birth:			
Kennel club:							
Registered no. dog :				Chip-/Tattoo no. dog :			
Registered no. sire :				Chip-/Tattoo no. sire :			
Registered no. dam :				Chip-/Tattoo no. dam :			
Health status of the dog							
Diagnoses / findings: <small>(please add copies of informative documents)</small>		Date of HD X-ray:		Date of ED X-ray:			
		HD-finding:	HD-A	HD-B	HD-C	HD-D	HD-E
		ED-finding:	ED-0	ED-I	ED-II	ED-III	
		OCD		FCP		IPA	
Skin wrinkling		little wrinkles		average wrinkles		strong wrinkles	
Shar Pei Fever		never before		1-3 times observed		more than 3 times observed	
The owner's declaration of agreement							
A scientific use of some of the results is included by this investigation. All data will be made anonymous and thus the ID of the dog or the owner of the dog cannot be inferred. Herewith, I confirm that the EDTA blood sample of the dog can be used for scientific projects and I agree on the anonymous use of the scientific data.							
_____ Date and signature of the dog's owner							
The veterinarian's declaration of identity verification							
I hereby confirm that the sample enclosed has been collected from the dog described above and has been marked immediately by the dog's name and the registered number or the chip number.							
_____ Date and signature of the veterinarian							

Please see form at the backside!

Please fill in the questionnaire for further research!

Type and health status														
Breed type	meat-mouth			bone-mouth										
Wrinkles in the region of the head	little			intermediate						much				
Wrinkles in the region of the body	little			intermediate						much				
Wrinkles in the region of the legs	little			intermediate						much				
Coat type	horse coat			brush coat						bear coat				
In the case of pathological examination: Please add the pathological report	Yes			No										
Amyloid-positive results (congo red) in the following organs:	kidney			liver			pancreas			spleen			others:	
Frequency of occurrence					Initial age of occurrence								Comments	
	1x	2x	3x	>3x	-1	2	3	4	5	6	>6			
Fever of unknown origin														
Fever of known origin														
Please state the potential reason(s) for bouts of fever:														
Thickened joints (joint inflammation, arthritis)														
Blister-like skin alterations														
Reddening of the skin														
Thickened skin regions of pasty consistency														
Ear inflammations (recurrent or persistent)														
Eye inflammations (recurrent or persistent)														
Diarrhoea and/ or vomiting of unknown origin														
Tumors														
Type of tumor:														
Further diseases:														