Cocker Spaniel Inherited Cataract Research Study

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

Completed form: page 1 completed by owner.
Completed form: pages 2 & 3 completed by ophthalmologist
5-6 generation pedigree of the affected dog
Current and any/all previous eye exams on the affected dog
Fundus photographs (if available): either printed or emailed to suepk@optigen.com
Additional blood samples from sire, dam and siblings, if available together with completed eye examination forms.

The blood and paperwork should be sent via US Mail, or a commercial shipper to OptiGen, 767 Warren Road, Suite 300, Ithaca, NY 14850. The blood vial should be protected from breakage during shipping. Suggestions for packaging are viewable on the Optigen website: http://www.optigen.com/opt9_shipsubpg3pkg.html

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 affected 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):

Right Eye

Left Eye

Lens Examination

Normal (describe for each eye).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Abnormal (describe for each eye). Can you provide digital clinical pictures?) (these should be sent to Optigen, LLC)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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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