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: 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

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)

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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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