

# 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 dog
- Current and any/all previous eye exams on the dog
- Fundus photographs (if available): either printed or emailed to [suepk@optigen.com](mailto: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](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:

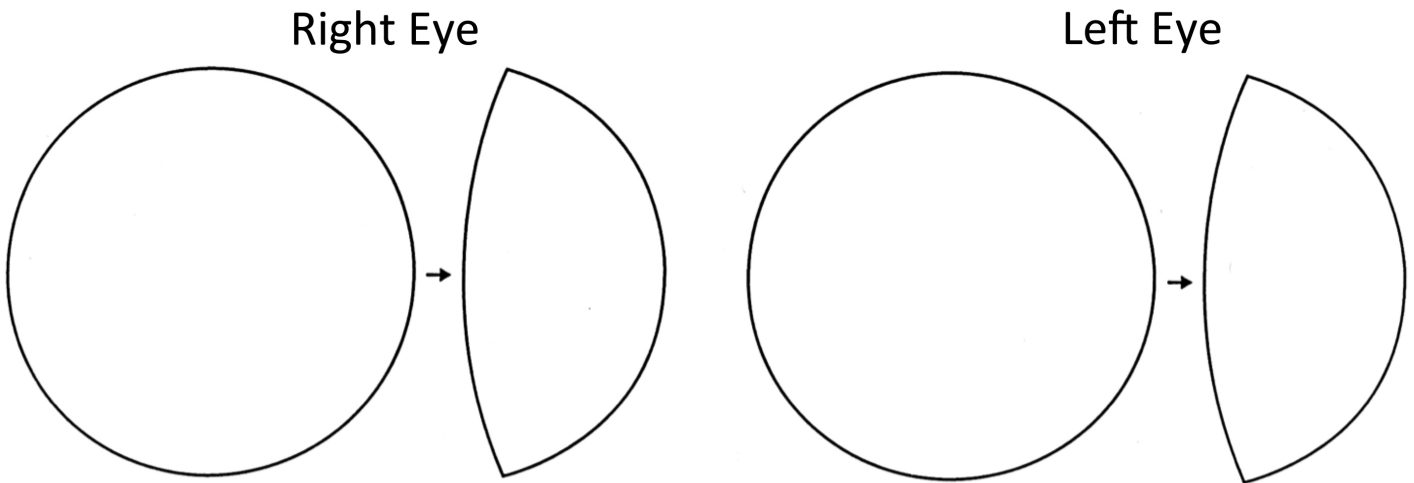
Number of full siblings of dog, including repeat matings of parents: \_\_\_\_\_

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).

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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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