

OptiGen Coloboma Research Sample Form

INSTRUCTIONS:

In addition to this completed form, please also send the following information (if you have not already done so). We don't mind receiving 2 copies of this information...that works much better than not receiving any.

- The dog's pedigree. If close relatives of the dog are known to have the same disease, please indicate that on the pedigree.
- If more than one sample is being sent please indicate if/how the samples are related.
- Any/all available eye exams or other diagnostic reports on the dog, particularly the most recent one that describes the coloboma. A drawing of the coloboma (showing location and shape) is most helpful.

Please see Instructions & Information for sample collection (3-5 ml whole, unclotted blood in EDTA/lavender top tube) and shipping details <http://www.optigen.com>. Ship sample(s) to OptiGen, 767 Warren Road, Suite 300, Ithaca, NY 14850.

OWNER or CONSULTING VETERINARIAN WHO IS SUBMITTING THIS SAMPLE

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: _____
Registry: _____
Registered Name: _____
Registration #: _____
Birthdate: ____/____/____ (mon/day/yr) Sex: ___Female ___Male
Tattoo/Chip#: _____
CERF#/Other Eye Registry#: _____
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 Coloboma 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:

Date of last exam by an ophthalmologist (mon/day/yr): ____/____/____

Comments: Please provide a complete clinical description of the optic nerve coloboma as possible including drawings and/or fundus photographs (photographs should be emailed to suepk@optigen.com)

Clinical Findings	Right	Left
Choroidal Hypoplasia (mild, moderate, severe)		
Coloboma (mild, moderate, severe)		
Location of the coloboma (papillary, juxta-papillary, away from disc, typical or atypical)		
Retinal detachment (partial, complete, associated with optic pit)		

IS THE COAT COLOR MERLE? Yes/No Comments: _____

All samples submitted to OptiGen become the property of OptiGen and may be used for internal quality control and/or research purposes.