

Shiba-Inu Glaucoma Genetics Research Form

Blood sample submission

L. Owner Information	
Name(s):	
	Daytime Phone:
2. Dog Information	
Call Name	Breed: □ Shiba-inu □ Other ()
Birthdate (mm/dd/yy):	
Registered Name	Reg. #:
	Sire's Reg. #:
	Dam's Reg. #:
3. Veterinarian Information	
Name:	(circle if applicable) DACVO / other:
Clinic Name:	
E-mail:	Clinic Phone:
** Plea	ase comment on vision, IOP, and gonioscopy findings. **
** Plea	ase comment on vision, IOP, and gonioscopy findings. **
Any relatives known to be affected (G	Give relationship)
5. Authorization	
	ation I have supplied is accurate. I understand that the sample I submit will be used for
-	rt to understand glaucoma in Shiba-Inu dogs and of other inherited diseases in dogs.
Owner's Signature	Date (mm/dd/w):



Blood Sample Collection – by a veterinary professional

Sample required: 2ml x 2 EDTA tubes (as little as 1ml x 1 tube is acceptable for puppies)

- 1) Draw a 4 ml blood sample (It is safe to draw 4 ml from a 1 lb/454 g dog).
- 2) Blood samples can be kept in the fridge until shipping.

Shipping

Protect the tube with cushion material for shipping.

Please send in the samples by mail or courier.

EDTA tubes can be sent by snail mail or regular ground service, and DNA will remain stable.

Ship Samples to:

Dr. Keiko Miyadera

3900 Delancey Street
School of Veterinary Medicine, Unive

School of Veterinary Medicine, University of Pennsylvania

Ryan-Rm 2024, Philadelphia, PA 19104 USA

Check list	$\hfill \square$ Signed submission form per dog (page 1 of this form
	□ Blood tubes
	□ Copy of 3-5 generation pedigree (if available)
	□ Copy of eye exam report (e.g. CERF/OFA)

Questions? Email: kmiya@upenn.edu (Keiko Miyadera, DVM PhD DACVO)

Thank you for your participation! Feel free to duplicate and distribute this form.

We are currently in the unfunded, pilot phase of the study.

To move the genetic analysis forward, please speak to your breed club for opportunities to support the study.