# **Inherited Eye Disease Research Sample**

INSTRUCTIONS: In addition to collecting 3-5 ml of whole unclotted blood in a purple capped EDTA tube or cheek swab or semen sample (male dogs only) from each dog, please include:

- Completed form by owner
- 5-6 generation pedigree of the dog
- Current and any/all previous eye exams on the dog (can be sent electronically)

The blood and paperwork should be sent via US Mail, or a commercial shipper to:

#### Leonardo Murgiano c/o Jessica Niggel

**School of Veterinary Medicine** 

#### University of Pennsylvania

## 3900 Delancey Street. Ryan #2050

### Philadelphia PA 19104-6010.

215-898-5452 jniggel@upenn.edu

Shipping Blood: The blood vial should be protected from breakage during shipping.

Place the blood tube inside a sealed plastic bag (or other sealed container).

\*Include absorbent material (e.g. paper towel) inside the plastic bag.

\*Outside package: Clearly labeled "EXEMPT ANIMAL SPECIMEN"

\*Inside package: Paperwork indicating composition of sample (e.g. non-contagious, nonhazardous canine blood for research).

# **OWNER Information**

Name: firstini	itial <u> </u>	last	
Address:			
		State/Province:	
Country:	Zip	/Postal Code:	
Day Phone:	Ev	ening Phone:	
Fax:		Email:	
<b>DOG IDENTIFICATION</b> (Indicate "N/A" if question not applicable)			
Breed :		Call Name:	
Registered Name:			
Registration #:			
Birthdate:// (mon	/day/yr)	Sex:FemaleMale	
Registered Name of Sire:			
Registered Number of Sire:			
Registered Name of Dam:			
Registered Number of Dam:			
DISEASE HISTORY: Type of disease (e.g. Glaucoma, PRA, etc.)			