SIGHT Blood Sample Submission

INSTITUTE FOR GENETIC DISEASE CONTROL

GDC/SIGHT
P.O. Box 177
Warner, NH 03278
603-456-2350
gdc@conknet.com
www.vetmed.ucdavis.edu/gdc/gdc.htm

Blood Sample Submission

For affected dogs, carriers and all close relatatives only

Instructions for Owner

- ❑ Complete this application form and give it to your veterinarian when your dog's blood sample is taken.
- ❑ Include a copy of a 5-generation pedigree for this dog
- ❑ Sign below

Instructions for Veterinarian

Blood Sample:
Place a minimum 5-10cc sample of whole blood in an EDTA (purple top) tube. Rock gently to disburse anticoagulant.
Do not process in any other way.
Refrigerate until shipped. **Ship as soon as possible.**

Identification:
Label tube with the following:
--Dog's call name
--Owner's name and telephone
--Enclose this form and pedigree with blood sample shipped to Dr. Gary Johnson

Shipping:
❑ Blood sample shipping date: _____/_____/_____
DO NOT SHIP ON FRIDAYS.
Pack in insulated container with one or more cool packs.
Sample should be cooled but not frozen.
Ship via overnight delivery to:

Dr. Gary Johnson
Sealyham Terrrier DNA Research
320 Connaway Hall
University of Missouri
Columbia, MO 65211

Questions???
Contact: Liz Hansen, Dept. of Veterinary Pathobiology, UM, 573-884-3712 (O)

For Veterinarian

Dog Condition/abnormality report:

List any abnormal/unusual conditions or diseases exhibited by this dog (i.e. Allergies, Autoimmune disorders, Cancer, Eye, Hearing, Heart, Skin/coat, Skeletal, Temperment, etc.):

(use back of page to continue)

Owner (print clearly above line)

Co-owner (if any)

Owner phone email

Owner street address

City

State/Province country postal code

Veterinarian (print clearly above line)

Clinic name & street address

City

State/Province country postal code

Dog's registered name (print clearly above line)

AKC or other registration # Breed

Dog's call name M ❑ F ❑ Y ❑ N ❑
sex neutered?

mo./_____day/_____yr./_____
Birth date total number in litter

I.D. number ❑Tattoo ❑Microchip ❑DNA

Sire's registered name

AKC or other registration #

Dam's registered name

AKC or other registration #

I submit this blood sample and pedigree to the laboratory of Dr. Gary S. Johnson. I understand that the DNAextracted from this sample will be stored and used for DNAresearch benefitting Sealyham Terriers. I understand that the identity of the dogs and owners participating in this research will not be revealed by the researchers nor made available in the GDC Registry without the owner's consent.

OWNER
SIGNATURE_____

DATE_____