



### Tumor/Cancer Registration Form: Page 1 (of 2)

To register a cancer or tumor diagnosis for you dog you will need to submit a copy of the pathology report along with the following completed forms.

DO NOT SEND TISSUES TO GDC

#### Step 1 For Owner/Agent to fill out and sign:

Owner name \_\_\_\_\_ Co-owner \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Tel. \_\_\_\_/\_\_\_\_/\_\_\_\_ FAX \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered name of dog \_\_\_\_\_ Call name \_\_\_\_\_

Registration number (AKC, other) \_\_\_\_\_

Sex:  M  F  N/S Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Death \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

- **If dog has not been registered before with GDC**, please include, or send later, a four-generation pedigree.
- **Please also complete the following, if dog has not been registered before with GDC:**

Litter reg. no. \_\_\_\_\_ Number & sex in litter: # males \_\_\_\_\_ # females \_\_\_\_\_

Breeder \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Sire's reg. name \_\_\_\_\_ Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg. no. \_\_\_\_\_

Owner (sire) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Dam's reg. name \_\_\_\_\_ Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg. no. \_\_\_\_\_

Owner (dam) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

OWNER: I hereby certify that pathology report submitted is of the dog described on this application.

I understand that the diagnosis and other information on this sheet will be retained in the GDC open Tumor Registry or Research Database.

I agree to allow GDC to release the data in the open registry to responsible breeders, owners, prospective owners and investigators. I agree to allow GDC to release the data in the research data base only to authorized investigators.

Signature of owner/authorized agent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Fees:

GDC tumor registration fee: \$15 per dog, first GDC registration; \$10 per dog if previously registered

Make check payable to "GDC"

## Tumor/Cancer Registration Form: Page 2 (of 2)

### Step 2 For Veterinarian to fill out and sign:

Please complete following form for submission with the Owner's form.

Dog Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Dog Identified by: Microchip# \_\_\_\_\_ Tattoo \_\_\_\_\_ DNA \_\_\_\_\_ Owner's Statement \_\_\_\_\_

Date Specimen Taken: \_\_\_/\_\_\_/\_\_\_  Biopsy  Necropsy

Location of sample(s) \_\_\_\_\_

Comment: \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please Print Name of Veterinarian: \_\_\_\_\_

#### Please fill in the Clinical Comments in the spaces that follow.

##### Clinical Data:

Indicate when lesions were first identified and if a previous histopath report exists; include LAB name and specimen #: indicate pertinent physical exam (e.g. distribution of lesions) and other clinical findings.

##### CBC or BM evaluations:

Include copies of actual data sheets, if possible, otherwise summarize here.

##### Chemistry Panel:

Include copies of actual lab data sheets, if possible, otherwise summarize here

##### Treatment:

Indicate treatment regimen and when started, and if the animal is currently on treatment.

Signature of Referring Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

#### REMINDER!

Please be sure to include a copy of the pathology report with this form. GDC cannot register the diagnosis without a pathology report.

Pathology Lab Name \_\_\_\_\_ Phone \_\_\_\_\_ Histopath report # \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Mail pages 1 & 2 of this form, with your check and a copy of the pathology report to:

GDC  
PO Box 177  
Warner, NH 03278