

## Inherited Eye Disease Research Sample

INSTRUCTIONS: In addition to collecting 3-5 ml of whole unclotted blood in a purple capped EDTA tube 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 UPS or FedEx - next day only - to:

**Leonardo Murgiano c/o Lydia Melnyk**  
**School of Veterinary Medicine**  
**University of Pennsylvania**  
**3900 Delancey Street. Ryan #2050**  
**Philadelphia PA 19104-6010.**

215-898-9426. [lmelnyk@vet.upenn.edu](mailto:lmelnyk@vet.upenn.edu)

- 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.
- Include a small icepack sealed inside a second plastic bag.
- Outside package: Clearly labeled “EXEMPT ANIMAL SPECIMEN”
- Inside package: Paperwork indicating composition of sample (*e.g., non-contagious, non-hazardous canine blood for research*).

### OWNER Information

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: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mon/day/yr) Sex: \_\_\_Female \_\_\_Male

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.) \_\_\_\_\_

\_\_\_\_\_  
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