

Checklist for Pigmentary Uveitis Sample Submission

Pedigrees, eye exam sheets, globes:

Please mail any of the above to:
Dr. Wendy Townsend
625 Harrison Street
W. Lafayette, IN 47909-2026

*Globes should be placed in formalin and can be shipped routinely.

Blood samples:

Please enclose sample submission sheets for each patient within the package containing the samples.

- **Blood:** please submit at least 6 mL of blood in an EDTA (purple top) or ACD (yellow top) tube. Refrigerate blood and ship on ice packs in a Styrofoam shipping container.
- When packaging samples please wrap the blood tubes in bubble wrap or provide some cushioning to prevent breakage and place the blood tubes in a leak-proof bag with an absorbent (ex. paper towels). Place in a box containing ice packs. On the outside of the box, write "Exempt Animal Specimen" to meet federal shipping regulations.

Please ship packages containing blood samples overnight Monday – Thursday:
Attn: Dr. Joshua Bartoe
D-208 Veterinary Medical Center
Michigan State University
East Lansing, MI 48824-1314

If you have any questions, please contact: Dr. Wendy Townsend (townsenw@purdue.edu).

The blood samples are being processed by my collaborator at Michigan State University. ***PLEASE E-MAIL Dr. Joshua Bartoe at bartoejo@cvm.msu.edu when you are shipping the sample to that his laboratory will be watching for them.**

Dr. Wendy Townsend
 Purdue University
 625 Harrison Ave.
 W. Lafayette, IN 47907
 Phone: 765-494-1107
 Fax: 765-494-1108
 E-mail: Townsenw@purdue.edu



Information Form for GR Studies
ALL INFORMATION IS HELD IN COMPLETE CONFIDENCE

Please complete this form and provide us with as detailed a pedigree as possible.

BREED OF DOG:	AKC REGISTERED NAME:	COLOR:
NAME OF SIRE:	NAME OF DAM:	HAVE YOU INCLUDED A PEDIGREE? <input type="checkbox"/> Y <input type="checkbox"/> N
DATE OF BIRTH: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HAVE YOU INCLUDED EYE EXAM. INFO? <input type="checkbox"/> Y <input type="checkbox"/> N
mo da yr	(check box)	GR STATUS: <input type="checkbox"/> AFFECTED <input type="checkbox"/> UNAFFECTED <input type="checkbox"/> DON'T KNOW
	(check box)	(check box)

Your Details:

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	Email :	

History of Hereditary Eye Diseases (if any). Please provide copies of any current CERF forms.

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Please provide us with any contacts for obtaining samples from affected dogs or their relatives.

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