

WHEATEN SIBLINGS DNA PROJECT SUBMISSION FORM

Individual Dog Information

Affected: _____ Normal: _____

Registered Name: _____

Call name: _____

Call name for Sibling in Study: _____

How Related: _____

Sire: _____ Dam: _____

AKC#: _____ Birth Date: _____

Male / Female - - Intact / Neutered

Sample Submission Date: _____

Sample submitted for Wheaten Pairs SNP Analysis

Owner: Name _____

Alternate _____

Address _____

Contact _____

Phone (day) _____ (eve) _____

(day) _____ (eve) _____

Fax _____

E-mail _____

Has this dog has been diagnosed with Protein Losing Enteropathy? Y - N

Has this dog been diagnosed with Protein Losing Nephropathy? Y - N

If so, how was diagnosis made? Circle all that apply: Blood Chemistry Urinalysis

Biopsy

Diagnosis was made by: Dr. Meryl Littman, Dr. Shelley Vaden, or other American College of
Veterinary Internal Medicine Diplomate (if latter, name) _____

Has this dog been diagnosed with, or does it show symptoms of any other disease, abnormality,
or temperament issue? (Please list.)

Other Comments / Questions / Concerns?

Please circle your response to the following;

I am / am not willing to provide additional blood samples if needed for research.

I will / will not consider donation of a tissue sample (spleen, kidney, or liver) upon the death of
this dog, and will discuss this decision with my veterinarian so that a notation is placed in
my file.

I submit this sample, blood and urine test results and pedigree for the purpose of DNA research; I
understand that the identity of dogs and owners participating in the research will not be revealed;
and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____

Date: _____

Print Name: _____