

The Dog Genome Project



HELP US FIGHT DOG DISEASES!



What are we doing?

The world of dog owners, veterinarians, oncologists and dog geneticists is about to change! The Canine Genome Sequencing Project (based at the Broad Institute of Harvard and MIT in Boston) has sequenced the dog genome. Now, we are using this important new resource to find genes for dog diseases such as hemangiosarcoma, osteosarcoma, as well as other diseases.

We are searching for regions of the genome that differ between healthy dogs and sick dogs to allow carrier testing. Ultimately, we will identify the defective genes causing these diseases, improving treatments in dogs and in people with similar diseases.

We need your help!

We are collecting DNA from **ALL DOG BREEDS** so we can search for genes for many different dog diseases.

We particularly need help from dogs with:

- Kidney failure at young age
- Hemangiosarcoma
- Osteosarcoma
- Melanoma
- Lymphoma
- Mast Cell Tumors
- Mammary Tumors

What can you do?

- **If you have a healthy dog** (especially a dog 8 years or older), we would really appreciate a blood sample and your dog's registration number **OR** pedigree information.
- **If your dog has been sick**, please ask your veterinarian to draw a blood sample and send it to us together with the clinical information (such as pathology and histology reports) and your dog's registration number **OR** pedigree information.

It is NOT necessary to shave the dog!

Information for Veterinarians:

Please collect ~5 ml of blood in EDTA tube(s) and ship to the address at the bottom of this page, along with the signed consent form on the reverse side of this flyer. Please let us know to expect the sample.

Unfortunately, we are unable to reimburse for the cost of shipping or veterinary expenses, and we greatly appreciate your assistance with our research.

More details on blood collection: http://www.broadinstitute.org/mammals/dog/vet_info.html

Please send samples to:

c/o Michele Perloski
Dog Genome Project
Broad Institute of MIT and Harvard
7 Cambridge Center, 6112-a
Cambridge, MA 02142

Fax: (617) 714-8956 (let us know to expect blood samples)
Email: dog-info@broadinstitute.org
Website: <http://www.dogDNA.org>

Broad Institute Blood/Tissue Sample Release Form

Research Statement:

We would like to obtain a blood/tissue sample from your dog. The sample will help us to explore canine genetic issues including patterns of genetic diversity between and within breeds, and in disease states.

What are the risks involved with a blood sample?

A blood draw may cause a slight momentary discomfort to your dog as the needle is inserted. There is a small possibility that some bruising might be seen around the draw site. This should cause your dog only marginal, short-term discomfort and not have any major consequences. If your dog becomes aggressive and/or bites during the blood sampling process, the Canine Genome Project and the Broad Institute are not liable in any way for any resultant physical harm or property damage. Compensation is not available in the unlikely event of physical harm to your dog resulting from the blood draw procedure.

Who will have access to the information and specimen?

No information about you, or the identity and health information of your dog will be made available to the public. No DNA information of your dogs will be made available to you, or to the public. Only the Broad Institute and collaborators on the respective studies will have access to the samples. Any studies utilizing your dog's blood/tissue sample will occur with the understanding that none of your dog's unique identifiers (name, AKC number, etc.) will be distributed or published.

Dog Owner's Statement:

I have read the information provided above and have had an opportunity to ask questions regarding the procedures involved. I am the owner or the agent for the owner of the dog described below and I have the authority to execute this release. My signature below indicates I voluntarily agree to give my dog's blood and/or tissue specimen for this study.

Is it okay to share samples with our research collaborators? Yes ☐ No ☐

Is it okay to contact your vet for health questions and updates about your dog? Yes ☐ No ☐

Would you like to be notified of updates via email? Yes ☐ No ☐

Owner's Signature: _____ **Date:** _____

Owner's Name(printed): _____

Email Address: _____ **Phone #:** _____

Street Address: _____

City, State, Zip: _____

Vet Contact Info: _____

Dog's Registered Name: _____

Registration Organization and number: _____

• Dog's Call Name: _____ • Dog Breed: _____

• Birth Date: _____ • Variety/Coat Color: _____ • Pedigree attached? yes | no

• Dog Gender (*circle one*): Male | Male(Neu) | Female | Female(Sp) • Year of Sp/Neu _____

**Which diseases has this dog had?
(now and in the past)**

Do you know of any diseases in related dogs?

Please send samples to:

c/o Michele Perloski, Broad Institute of MIT and Harvard, 7 Cambridge Center, 6112-a, Cambridge, MA 02142, USA,
Email: dog-info@broadinstitute.org

Please print or type all requested information below clearly.

Name of owner: _____

Dog's registered name: _____ Reg. number: _____

Call name: _____ Date of birth: _____

Date blood sample obtained: _____ Age at time of sampling: _____

Sex: ☐ Male ☐ Female ☐ Neutered

Type of coat: ☐ Brush- ☐ Horse- ☐ Bear-

Do you consider the dog a "meatmouth" (A and C), "bonemouth" (D) or "intermediate" (B) type?

(Circle one) A B C D



FEVER

1. Has this dog ever had any fevers of unknown origin?
(This would include Familial Shar-Pei Fever/FSF events.)

☐ Yes ☐ No • If "No" please move on to question 3a

2a. How old was the dog when the fever first occurred? _____

b. How many episodes (approximately) has the dog experienced since then? _____

c. If the fever events have been on a frequent basis, at what time intervals? _____

d. Does the dog have swollen hock/s with the fevers? Swelling of any other joints or muzzle?
Please specify: _____

e. How severe were the fevers?

☐ 103+°F/ 39.5°C ☐ 104+°F/40°C ☐ 105+°F/40.5°C ☐ 106+°F/41°C

- f.** For approximately how many hours did they usually last? _____
After body temperature returned to normal, how long before dog was otherwise acting normal? _____
- g.** Have fever events ever occurred shortly after vaccination/s or were they associated with any other specific environmental trigger?
☐ Yes ☐ No • *If so, please describe.* _____
- h.** Is this dog on colchicine or any other anti-inflammatory medication or supplements?
☐ Yes ☐ No • *If so, please describe including dosage, frequency and duration of treatment or include medical records if possible.* _____

INFLAMMATION

- 3a.** Has the dog experienced episodes of joint swelling (including swollen hocks) without apparent fever?
☐ Yes ☐ No • *If so, please describe.* _____
- b.** Does the dog occasionally seem reluctant or unwilling to move and/or behaves differently as if not feeling well or painful?
☐ Yes ☐ No • *If so, please describe.* _____
- c.** Any unusual or abnormal laboratory test results or disease symptoms that might suggest chronic inflammation? _____
- d.** Has this dog ever had cobalamin levels measured?
☐ Yes ☐ No • *If so, was the dog deficient?* _____

AMYLOIDOSIS

- 4a.** Has this dog been diagnosed with amyloidosis as confirmed by biopsy? ☐ Yes ☐ No
- b.** Has the dog shown signs of kidney and/or liver problems through blood or urine testing?
☐ Yes ☐ No • *If so, please describe or indicate below if we may contact you or your veterinarian if necessary for further information.* _____

RELATIVES

5a. Does this dog have relatives that you know of that have had fever events and/or swollen hocks?

☐ Yes ☐ No • *If so, please indicate relationship.* _____

b. Does the dog have any close relatives that you know of that have died of confirmed amyloidosis or kidney/liver failure suggestive of amyloidosis?

☐ Yes ☐ No • *If so, please indicate relationship and if amyloid was confirmed by biopsy or at post-mortem exam:* _____

c. Has this dog produced offspring that have had fevers, swollen hocks, amyloidosis? ☐ Yes ☐ No

☐ Fevers ☐ Swollen hocks ☐ Amyloidosis • *Please indicate relationship:* _____

OTHER HEALTH PROBLEMS

- | | | |
|---|--|---|
| <input type="checkbox"/> Cutaneous mucinosis | <input type="checkbox"/> Inflammatory bowel disease | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Entropion | <input type="checkbox"/> Luxating patella/s | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Mast cell disease |
| <input type="checkbox"/> Other skin or ear problems | <input type="checkbox"/> Lens luxation | <input type="checkbox"/> Seizures or other neurologic disease |
| <input type="checkbox"/> Cancer (<i>Which type?</i>)
_____ | <input type="checkbox"/> Vasculitis, STSS or other similar skin slough | <input type="checkbox"/> Lymphangitis or lymphedema |

6. Is the dog's medical record attached? ☐ Yes ☐ No (*Helpful but not required*)

7. Is the pedigree of the dog attached? ☐ Yes ☐ No (*Helpful but not required*)

8. Contact information (owner +/- veterinarian). Address and telephone numbers if not supplied on Broad Institute Blood Sample Release form.

Owner

Address: _____

Phone: _____

Email address: _____

Veterinarian

Address: _____

Phone: _____

Email address: _____

9. Additional comments: _____

Thank you for your effort! We will contact you with test results or if we need more information.
Additional info: Linda Tintle DVM, wvc@frontiernet.net

Please submit this **Shar-Pei Health Questionnaire** along with the completed **Broad Institute Blood Sample Release Form** to accompany blood samples for genetic and immunologic testing as part of the Familial Shar-Pei Fever and Amyloidosis Study.

IMPORTANT INFORMATION FOR VETERINARIANS:

Please obtain 5ml of whole blood in EDTA tube(s) and an additional 5ml of blood centrifuged (if possible) for submission of separated serum fraction. Samples should be shipped on ice (not dry ice) overnight express. Label tubes clearly with owners last name, dog's call name and date. Ship samples to the Dog Genome Project – Shar-Pei, Broad Institute of MIT and Harvard, 7 Cambridge Center, Cambridge, MA 02142.