



Klinisk kemiska laboratoriet, SLU  
Box 7038, 750 07 Uppsala, Sweden

Owner, name and address:

.....  
.....

Submitting veterinary surgeon, name and address:

.....  
.....  
.....

Tel: .....

Case number: .....

Registration number: .....

Tel: .....

Patient, name: .....

Fax: .....

Breed: Nova Scotia Duck Tolling Retriever

Other patient information:

Gender:  male  female  castrated  spayed

Birth, year and date: ..... Date for sample collection: .....

Healthy control  Close relative to dog with signs of disease (name): .....

Dog with signs of disease (Please enclose copy of patient record if possible)

### Blood sample information: EDTA and serum sample

Analysis:

\* ANA (Submitting veterinary surgeon will receive test result)

(Information for lab: Beställarkod: Tollare Fakturaadress: Helene Hansson Hamlin

Institut för kliniska vetenskaper, box 7054, Uppsala. Resterande provmaterial (EDTA-blod, alt EDTA-plasma och EDTA-cellsuspensionen, samt serum) överföres till sk kryo-rör, märks med barkodetikett och ställs i frysen i korridoren, hämtas av Helene. Provsvar (efter faxning) och eventuella journalkopior läggs i Helenes fack.)

### Sampling

We would like to collect a blood sample from your dog for current and future research. By signing this consent you agree that the sample and information from medical records may be used by SLU and its collaboration partners for research on, among other things, the genetic causes of inherited diseases. We may also need to contact you in the future for additional information regarding your dog.

**All information about You and Your dog will be treated confidentially.**

City and date: \_\_\_\_\_

Signature dog owner:

Printed name:

\_\_\_\_\_

\_\_\_\_\_

Thank you for your and your dogs participation in the project!

Project leader Helene Hansson Hamlin, DVM, VMD, docent. Tel: 0046-18-671468,

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