

Inherited Cataract Research Study

INSTRUCTIONS: In addition to collecting 3-5 ml of whole unclotted blood in an EDTA tube from each dog, please include:

Completed form: page 1 completed by owner.

Completed form: pages 2 & 3 completed by ophthalmologist

5-6 generation pedigree of the affected dog

Current and any/all previous eye exams on the affected dog

Fundus photographs (if available): either printed or emailed to suepk@optigen.com

Additional blood samples from sire, dam and siblings, if available together with completed eye examination forms.

The blood and paperwork should be sent via US Mail, or a commercial shipper to OptiGen, 767 Warren Road, Suite 300, Ithaca, NY 14850. The blood vial should be protected from breakage during shipping. Suggestions for packaging are viewable on the Optigen website: http://www.optigen.com/opt9_shipsubpg3pkg.html

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:

Number of full siblings of affected dog, including repeat matings of parents: _____

Are there any other cases of inherited cataracts known to have occurred in relatives of this dog? Yes _____
No _____ If yes, please describe relationship to affected dog or identify in pedigree and whether blood samples and clinical examination records are available from any of these dogs:-

Ophthalmologist/Clinician Contact Information Date of Eye Exam: _____

Name: first _____ initial ____ last _____

Address: _____

City: _____ State/Province: _____

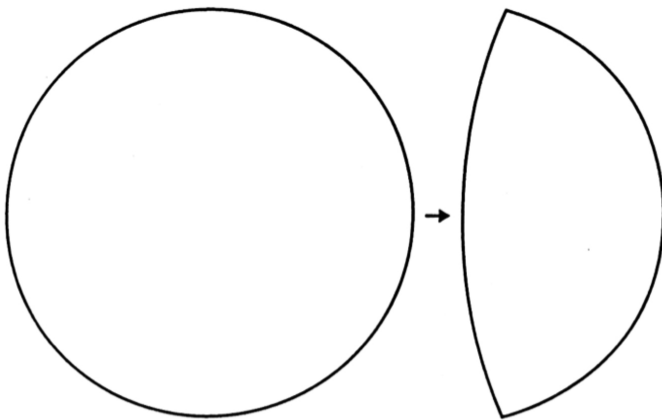
Country: _____ Zip/Postal Code: _____

Day Phone: _____ Evening Phone: _____

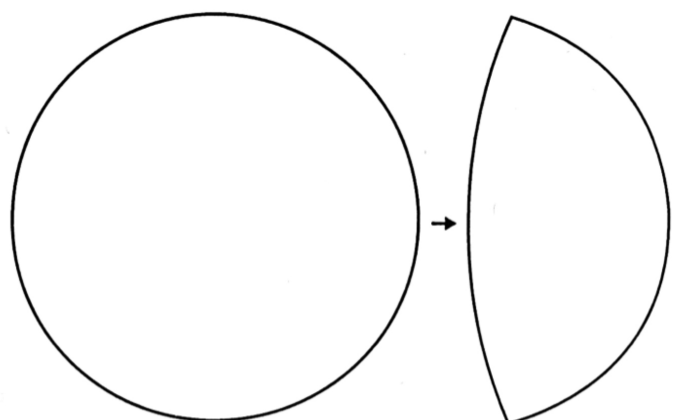
Fax: _____ Email: _____

Clinical examination results (using slit lamp biomicroscope):

Right Eye



Left Eye



Lens Examination

Normal (describe for each eye).

Abnormal (describe for each eye). Can you provide digital clinical pictures?) (these should be sent to Optigen,LLC)

In your opinion, are the cataracts inherited, acquired or of unknown cause?

Please describe the results of the eye exam in terms of any other abnormal ocular findings:

Other tests performed and their interpretation
