**Portuguese Water Dog Syndromic Ocular Disease (Microphthalmia)**

**Research DNA Submission Form**

**Owner Information**

First Name: ___________________________ Last Name: ______________________________________

Address: ______________________________________________________________________________

City: ________________________________ State: ____ Zip: ____________ Country: ________________

Daytime Phone: ______________________ E-mail: _____________________________________________

Co-Owners’ Names: ______________________________________________________________________

**Veterinarian Information**

First Name: ___________________________ Last Name: ______________________________________

Clinic Name: ___________________________ E-Mail: ___________________________________________

Clinic Phone/Fax: ___________________________

**Dog Information**

Registered Name: ___________________________

Call Name: ___________________________ Registration #: _____________ Please circle: AKC or Other:________________

Birthdate (mm/dd/yy): ________________ Sex (circle) : Male / Female Tattoo/Chip#: ___________________

Sire’s Reg. Name ____________________________ Sire’s Registration #: _____________________

Dam’s Reg. Name ____________________________ Dam’ Registration #: _____________________

Number of puppies in litter:_________________

Number of affected puppies in litter and sex of each:_______________________________________

Number of stillborn puppies in litter and sex of each:_______________________________________

**Sample Information**

Date of Sample Collection(mm/dd/yy): ___________ (Circle one) Blood (purple top tube) OR Cheek brushes

Description of phenotype or reason for submission (please include copy of medical records describing diagnosis of microphthalmia including veterinary ophthalmic evaluation and pathology report if applicable):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Relative Known to Be Affected/Give Relationship ______________________________________________

Other _________________________________________________________________________________

**Authorization**

To the best of my knowledge, the information I have supplied is accurate. I understand that the sample I have submitted will be used for further research, particularly in the effort to develop a genetic test for microphthalmia as well as other inherited diseases in dogs.

Owner’s Signature: ____________________________________ Date (mm/dd/yy): ______________

The Portuguese water dog Microphthalmia Research DNA Submission Instructions is for submitting a sample for DNA testing to the University of Pennsylvania. Feel Free to duplicate and distribute this form and instructions to others. Last updated 9-25-11
**Blood Sample Collection (performed by a veterinary clinician or nurse):**
1. Label EDTA (purple top) tube with owner’s last name and animal’s name (or AKC#)
2. Draw a 2-5 ml blood sample. (Do not draw more than 10 ml/ kg bodyweight.
   It is safe to draw 4 ml from a 1 lb/454 g dog.)
3. The blood sample must be kept cold but not frozen.
4. Complete required submission form and mail with sample, along with a copy of the dog’s registration and 3-5 generation pedigree.
5. Mail EDTA purple top tube in mailer by **2-day** delivery or regular service if ice packs are included to keep the sample cool. Your veterinarian may have special Styrofoam containers or cardboard mailers to send blood tubes. Please place tubes in a Ziplock™ bag, then in bubble wrap for protection. Avoid collecting and mailing samples late in the week to prevent samples sitting in the mail over the weekend.

**Cheek (Cytology) Brush Collection (performed by owner or breeder):**

Two brushes are needed for each dog tested.
1. To avoid contamination by food, do not feed the dog for a minimum of three (3) hours before you collect the sample.
2. Ask a second person to gently restrain the dog’s head as you collect the sample, if necessary.
3. If you are collecting samples from more than one dog, collect samples from one dog at a time, and always wash your hands between dogs.
4. Wash your hands before you collect the sample.
5. Label the envelopes that contain the cheek swab brushes with the owner’s name AND the dog’s name.
6. Open the end of the swab package that shows the word, “peel”, printed on it. Be careful not to touch the brush ends as you remove the swab.
7. Insert the brush ends between the dog’s gums and the inside of the cheek. Briskly rub the brush on the surface of the inside of the cheek for **15-20 seconds** to pick up cheek cells. **Make sure that the brush is in contact with the cheek and not just the saliva.**
8. Allow the brush to air dry, return the brush to its original package, and tape the opened ends shut.
9. Repeat steps 7-9 for the other brush.
10. Secure the brushes in a separate Ziploc™ bag for each dog.
11. Complete the required submission form for each dog (printed or typed) and mail with the sample.

**Ship sample(s) to:**

| Drs. Magi Casal & Cynthia O'Connor  
| PWD Microphthalmia DNA Submission  
| Section of Medical Genetics, Room 4033 VHUP  
| School of Veterinary Medicine  
| University of Pennsylvania  
| 3900 Delancey Street  
| Philadelphia, PA 19104-6010 |

**Have you included?**
- [ ] Signed submission form
- [ ] Copy of dog’s registration & 3-4 generation pedigree
- [ ] Blood or two cheek brush samples

**NOTE:** Please do NOT submit samples that will arrive on weekends or between Christmas and New Years Day.