Submission Form: Shar-Pei Autoinflammatory Disease (SPAID)

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets

US Postal Service Address:
PO Box 5786
Ithaca, NY 14852-5786

FEDEX/UPS Address:
240 Farrier Rd
Ithaca, NY 14853

AHDC Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
E-mail: diagcenter@cornell.edu

LAB USE ONLY

AHDC Accession No./Date

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE DOG PER FORM

*Results will be sent to the owner listed below.
The veterinarian's or licensed veterinary technician's information is required. Permanent ID must be verified by the licensed professional taking and submitting the sample at the time the sample is drawn.

Owner's name _____ Veterinarian Account number _____

Co-owner's name _____ Clinic/Vet Name _____

Mailing Address _____ Clinic/Vet Mailing Address _____

City, State _____ Clinic/Vet City, State _____

Zip/Postal Code _____ Clinic/Vet Zip/Postal Code _____

Country _____ Clinic/Vet Country _____

Phone _____ Clinic/Vet Phone _____

Fax _____ Clinic/Vet Email _____

Email _____

Please indicate how results should be returned: Fax ☐ Email ☐ Postal Service ☐

Dog Information

Breed **SHAR-PEI** Sex ☐ M ☐ F Color/Markings _____

Call Name _____ Date of Birth _____ **(MM/DD/YY)**

Registered Name _____ ☐ N/A

Registration Number (AKC or other) _____ ☐ N/A

Microchip/Tattoo Number (required) _____ ☐ Microchip ☐ Tattoo

Registered Name of Sire _____

Registered Name of Dam _____

Registration Number of Sire _____ Registration Number of Dam _____

I certify that the sample submitted is from the dog described above and that all the information provided is accurate, to the best of my knowledge, including permanent identification (microchip or tattoo).

Licensed Professional; _____ Date _____

Please complete the attached Shar-Pei Health Form

Payment Must Accompany Sample(s), Please Submit a Credit Card Authorization Form

Samples will not be tested until payment is authorized.

(Add totals for each dog/form and enter as payment total on credit card authorization form.)

Test fee	$ 190.00
Accessioning Fee (per sample)	$ 6.00
Total	$196.00

Payment Total: _____

Note: Fees for reporting to outside agencies require use of specific agency forms and instructions.

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Shar-Pei Autoinflammatory Disease (SPAID)

Information for the Submitting Veterinarian

Sampling

- Both the dog owner and the veterinarian/licensed veterianry technician should complete the form. The dog's identity should be verified at the time of sampling.
- The blood sample should be collected in an EDTA tube. Mark the sample with the dog's registration number and/or chip number. A minimum of 1 ml of blood is required.
- The samples are sent to the address below by overnight carrier:

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HEALTH FORM
SHAR-PEI (SPAID)

GENERAL QUESTIONS

Owner:

Dog's registered name:

Dog's call name: **Reg. Number**:

Date of birth: **Dog's weight at time of sampling**:

Date blood obtained:

Sex: ☐ Male ☐ Female **Castrated:** ☐ No ☐ Yes **Date/Year:**

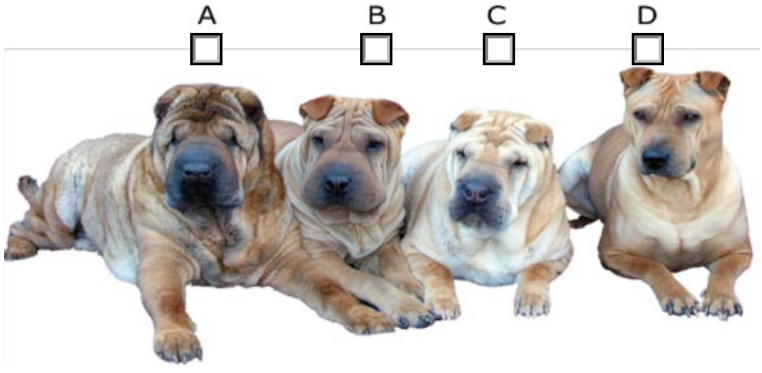
Coat color:

☐ Red	☐ Black	☐ Blue	☐ Cream Pigmented
☐ Red Fawn	☐ Chocolate	☐ Blue Dilute	☐ Cream Dilute
☐ Fawn	☐ Brown	☐ Isabella	☐ Apricot Dilute
☐ Red Dilute	☐ Lilac	☐ Isabella Dilute	☐ Other

Coat type: ☐ Brushcoat ☐ Horsecoat ☐ Bearcoat

Shar-Pei Type: ☐ Meatmouth ☐ Bonemouth

Check the box above the dog who looks most like yours:



Is the dog's veterinary record included?: ☐ No ☐ Yes

Is an image of the dog included?: ☐ No ☐ Yes

HAS YOUR DOG SUFFERED ANY OF THE FOLLOWING HEALTH ISSUES?

1. FEVER ☐ No ☐ Yes

If "Yes", How old was the dog when the first event occurred?

How many fever events have there been since?

If frequent, how often are the events (monthly, weekly, other)?

Does the dog have swelling with the fever? ☐ No ☐ Yes

If "Yes" where, ☐ hocks ☐ muzzle ☐ other?

How high is the fever? ☐ 103°F/39.5°C ☐ 104°F/40 °C ☐ 105°F/40.5 °C ☐ 106°F/41 °C

Approximately, for how many hours did the fever last?

Have fever events ever occurred shortly after vaccinations or were they associated with any specific environmental trigger? If yes, please describe.

Is this dog on colchicine or any other anti-inflammatory medication or supplements? If yes, please describe including dosage, frequency and duration. Alternatively, please include vet records.

2. INFLAMMATION

Has the dog had joint swelling (including swollen hocks) without apparent fever? ☐ No ☐ Yes

Does the dog occasionally seem reluctant/unwilling to move, or behave differently as though not feeling well or in pain? Please describe.

Have there been any unusual or abnormal laboratory test results or disease symptoms that might suggest chronic inflammation? ☐ No ☐ Yes – Please describe

Have the dog's cobalamin levels been measured? ☐ No ☐ Yes

If yes, was the dog deficient? What was the value?

3. AMYLOIDOSIS

Has the dog been diagnosed with amyloidosis as confirmed by biopsy? ☐No ☐Yes

Have there been signs of kidney and/or liver problems through blood/urine testing? ☐No ☐Yes

Please describe, or indicate if we may contact your veterinarian for more details? ☐No ☐Yes

4. RELATIVES

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

☐No ☐Yes, Indicate relationship:

Does the dog have any relatives that have died of confirmed amyloidosis or kidney/liver failure suggestive of amyloidosis? ☐No ☐Yes

Please indicate relationship and if the result was confirmed by biopsy or post-mortem.

Has this dog produced offspring with ☐Fever ☐Swollen hocks ☐Amyloidosis

Please indicate relationship:

5. OTHER HEALTH ISSUES

Has the dog been diagnosed with any of the following issues?

☐ Cutaneous mucinosis
☐ Allergies
☐ Luxating patella/s
☐ Glaucoma
☐ Cancer (which type?)
☐ Hypothyroidism
☐ Heart problems
☐ Vasculitis, STSS or similar skin slough
☐ Other?

☐ Entropion
☐ Other skin/ear problems
☐ Lens luxation (PLL)
☐ Lympahngitis or lympedema
☐ Mast cell disease
☐ Inflammatory bowel disease
☐ Seizures or other neurological issue

PLEASE STATE CONTACT INFORMATION:

Owner address:

Telephone Number:

Email:

Clinic/Vet Name:

Telephone Number:

Email:

Other comments:

I, _____, agree to share my dog's pedigree information and make my dog's DNA sample available for further research related to discovery of genetic components to heritable diseases in the Shar-Pei breed.
Signature: _____

Thanks for your effort!

Please submit this health form along with the sample submission form and blood samples.