

Miniature* and Toy* Poodle 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 dog
Current and any/all previous eye exams on the dog

Fundus photographs (if available): either printed or emailed to lmelnyk@vet.upenn.edu.
Additional blood samples from sire, dam and siblings, if available together with completed eye examination forms.

The blood vial should be protected from breakage during shipping. Suggestions for packaging are viewable here: http://www.optigen.com/opt9_shipsubpg3pkg.html

The blood and paperwork should be sent via US Mail, or a commercial shipper to:

Dr. Leonardo Murgiano c/o Lydia Melnyk
School of Veterinary Medicine
University of Pennsylvania
3900 Delancey St. Ryan #2050
Philadelphia, PA 19104-6010
(v) 215.898.9426

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 (variety –Toy/Miniature): _____ 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 Exam: _____

Name: first _____ initial ____ last _____

Address: _____

City: _____ State/Province: _____

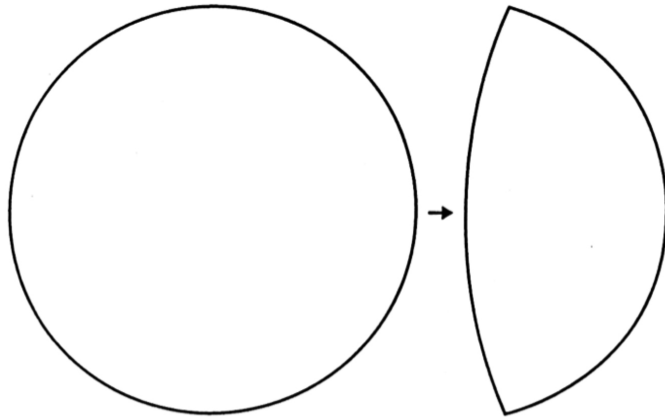
Country: _____ Zip/Postal Code: _____

Day Phone: _____ Evening Phone: _____

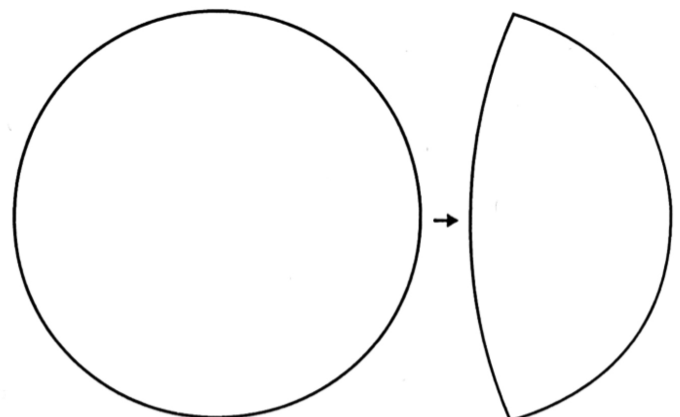
Fax: _____ Email: _____

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 the University of Pennsylvania (see contact information on page 1.)

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

* Please note we have focused this study in Miniature and Toy Poodles because it is in these varieties that inherited cataracts are more frequently found. However, if there are Standard Poodles diagnosed with inherited cataracts, we would be delighted to include samples from them as well for the research work.