

Nižšie kliknite na žltú ikonku a objaví sa vám preklad, alebo poznámky - lístok s poznámkou

Túto časť nevypisujte

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		Lab entry:
		Confirmation of receipt:

Submission form - DNA-Bank, Shar Pei research  
and genetic testing for Shar-Pei Autoinflammatory Disease (SPAID)

<b>Sample shall be used for</b> (you can also choose more than one point):							
<input type="radio"/> Support of research (free of charge)							
<input type="radio"/> Genetic testing for SPAID (56,- €)							
<input type="radio"/> Storage (only for members of CER, 10,- €)							
<b>Information about the owner</b>							
Last name: Priezvisko		First name: Meno					
Address: Vaša adresa							
Phone / Email:		mail vypisujte pozorne, zašlú vám výsledky na mailovu adresu!					
<b>Information about the dog (incl. pedigree-information)</b>							
Name & kennel name: Meno psa a chovateľskej stanice presne podľa rodokmeňa		Dátum narodenia					
Sex: <input type="radio"/> male <input type="radio"/> female		date of birth: Vyznačte či ide o psa (male) alebo sučku (female)					
Kennel club: [message icon]							
Registered no. dog: [message icon]		Chip-/Tattoo no. dog: [message icon]					
Registered no. sire: [message icon]		Chip-/Tattoo no. sire: [message icon]					
Registered no. dam: [message icon]		Chip-/Tattoo no. dam: [message icon]					
<b>Health status of the dog</b>							
Diagnoses / findings: (please add copies of informative documents)	Date of HD X-ray: [message icon]		Date of ED X-ray: [message icon]				
	HD-finding: [message icon]		HD-A	HD-B	HD-C	HD-D	HD-E
	ED-finding: [message icon]		ED-0	ED-I	ED-II	ED-III	
		OCD		FCP		IPA	
Skin wrinkling [message icon]		<input type="radio"/> little wrinkles [message icon]	<input type="radio"/> average wrinkles [message icon]	<input type="radio"/> strong wrinkles [message icon]			
Shar Pei Fever [message icon]		<input type="radio"/> never before [message icon]	<input type="radio"/> 1-3 times observed [message icon]	<input type="radio"/> more than 3 times observed [message icon]			
<b>The owner's declaration of agreement</b>							
A scientific use of some of the results is included by this investigation. All data will be made anonymous and thus the ID of the dog or the owner of the dog cannot be inferred. Hereby, I confirm that the EDTA blood sample of the dog can be used for scientific projects and I agree on the anonymous use of the scientific data.							
Date and signature of the dog's owner		Dátum a podpis majiteľa psa					
<b>The veterinarian's declaration of identity verification</b>							
I hereby confirm that the sample enclosed has been marked immediately by the dog's name		Svojim podpisom potvrdzujem, že vzorka krvi je od vyššie opísaného psa a bola označená hneď po jej odobratí menom psa alebo jeho registračným číslom					
Date and signature of the veterinarian		Dátum a podpis veterinára					

Please see form at the backside!

pokračujte na ďalšom liste

Vyplnit' pre d'alší výskum

Please fill in the questionnaire for further research!

Type and health status													
Breed type				<input type="radio"/> meat-mouth <input type="radio"/> bone-mouth									
Wrinkles in region of the head				<input type="radio"/> little <input type="radio"/> intermediate <input type="radio"/> much									
Wrinkles in region of the body				<input type="radio"/> little <input type="radio"/> intermediate <input type="radio"/> much									
Wrinkles in the region of the legs				<input type="radio"/> little <input type="radio"/> intermediate <input type="radio"/> much									
Coat type				<input type="radio"/> ruse coat <input type="radio"/> brush-t <input type="radio"/> bear coat									
In the case of pathological examination: Please add the pathological report				<input type="radio"/> Yes <input type="radio"/> No									
Amyloid positive results (congo red) in the following organs:				<input type="radio"/> kidney <input type="radio"/> liver <input type="radio"/> pancreas <input type="radio"/> spleen <input type="radio"/> others:									
Frequency of occurrence					Initial age of occurrence								Comments
	1x	2x	3x	>3x	-1	2	3	4	5	6	>6		
Fever of unknown origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Fever of known origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Please state the potential reason(s) for bouts of fever:													
Thickened joints (joint inflammation, arthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Blister-like skin alterations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Reddening of the skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Thickened skin regions of pasty consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ear inflammations (recurrent or persistent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Eye inflammations (recurrent or persistent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Diarrhoea and/ or vomiting of unknown origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tumors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Type of tumor:													
Further diseases:													