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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)**

Sample shall be used for (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,- €)						
Information about the owner						
Last name:					First name:	
Address:						
Phone / Email:						
Information about the dog (incl. pedigree-information)						
Name & kennel name:						
Sex:		<input type="radio"/> male	<input type="radio"/> female	date of birth:		
Kennel club:						
Registered no. dog :					Chip-/Tattoo no. dog :	
Registered no. sire :					Chip-/Tattoo no. sire :	
Registered no. dam :					Chip-/Tattoo no. dam :	
Health status of the dog						
Diagnoses / findings: <small>(please add copies of informative documents)</small>	Date of HD X-ray:				Date of ED X-ray:	
	HD-finding:	HD-A	HD-B	HD-C	HD-D	HD-E
	ED-finding:	ED-0	ED-I	ED-II	ED-III	
		OCD		FCP		IPA
Skin wrinkling	<input type="radio"/> little wrinkles		<input type="radio"/> average wrinkles	<input type="radio"/> strong wrinkles		
Shar Pei Fever	<input type="radio"/> never before		<input type="radio"/> 1-3 times observed	<input type="radio"/> more than 3 times observed		
The owner's declaration of agreement						
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. Herewith, 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.						
<hr/> Date and signature of the dog's owner						
The veterinarian's declaration of identity verification						
I hereby confirm that the sample enclosed has been collected from the dog described above and has been marked immediately by the dog's name and the registered number or the chip number.						
<hr/> Date and signature of the veterinarian						

Please see form at the backside!

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 the region of the head	<input type="radio"/> little			<input type="radio"/> intermediate					<input type="radio"/> much				
Wrinkles in the 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"/> horse coat				<input type="radio"/> brush coat				<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:													