



LITTER SUBMISSION FORM DNA STORAGE PROGRAM



The Irish Wolfhound Health Group is working in partnership with the Animal Health Trust (AHT) to enable research into conditions affecting the breed. The AHT has agreed to store blood samples in order to provide DNA required for such research. We would urge breeders/owners to submit blood samples from their hounds in order that we may all benefit from this in the future.

1. The Purpose of the repository will be to provide DNA samples for research into health conditions affecting Irish Wolfhounds.
2. Owners submit samples in the knowledge that it is future members of the breed that are likely to benefit from any research arising and not the dogs from whom they are submitting samples.
3. DNA samples become the property of the AHT with the proviso that use of the DNA samples and clinical data has to be kept within margins of research programs into canine health issues.
4. If other research bodies require access to the DNA Samples, then the aims of the research must be put to the Health Group for their agreement for such access to be given.
5. The data derived from the use of the DNA samples in research is to be used for the benefit of dogs and not commercial organisations seeking to use the information for other purposes.
6. All information will be confidential.

If your dog is undergoing any investigation that involves a blood sample, for example Livershunt testing puppies - ask your vet to keep any surplus blood for submission to the DNA Storage Program.

Place the surplus blood into an EDTA tube and label with the following information:

- Label each sample accurately with the registered name of the puppy/adult. (If this is unknown at the time in respect of puppies, put the ID for the puppy and advise of the registered name as soon as this is known)
- Whether dog or bitch.
- Date of Birth.
- Date the sample was taken.

IT IS VITAL THAT THE SAMPLES ARE LABELLED CORRECTLY.

Please enclose (For Litter Submissions)

- 1 ml surplus blood sample per puppy (in an EDTA tube clearly identified with the puppy name).
- One copy of the pedigree.
- One copy of the Livershunt submission form with each puppy detailed on it.
- One copy of the **SAMPLE SUBMISSION FORM** overleaf/attached completed in full.
- A Litter Submission form completed with the KC registered names for each puppy and its Test Name. (If not known these must be submitted to the AHT as soon as possible).

Note for Breeders

- Please place a copy of the **FOLLOW-UP INFORMATION SUBMISSION FORM** with Section 1 completed with details of the puppy and place the form with the puppy pack to be given to new owners.
- Please ensure that the new owners are aware of the need to supply follow up information and ask their permission for a contact phone number or email to be passed on to the AHT and that they may be contacted annually by the AHT.
- Please pass on a contact email address or phone number for each new owner to the AHT by Email oncologyres@aht.org.uk.

The above information is necessary for the sample to be used for research purposes. It is also important to inform the AHT of any significant health changes that occur after the sample has been submitted.

Samples must be returned as soon as possible after being taken, via first class mail, to ensure the quality of the samples on arrival at the AHT.

Queries regarding form completion can be directed to mauralyons23@gmail.com



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Breeder:		Tel:		email :	
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Address	
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Attached is sample submission form relating to the litter listed below signed by the breeder named above in whose ownership the puppies were in at the time the samples were taken.

Sample Submission Form Attached <input checked="" type="checkbox"/>	Pedigree Attached <input checked="" type="checkbox"/>	Litter Birth Date:
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Sire		Dam	
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Please enter the KC Registered names of the Puppies, the name under which each puppy was tested for Livershunt (if different from the registered name), and the contact details for each new owner including email if possible. Send the original form with the blood samples and copy pedigree to the address at the bottom of this form. If possible please email a copy of the form to Maura Lyons mauralyons23@gmail.com for inclusion on the DNA database.

If it is not known who the owner of the puppy will be at the time of taking blood, please email those details to oncologyres@aht.org.uk when available – stating clearly which puppy the information relates to.

Please put a copy of the Follow-up form (page 3) with the puppy paperwork to be given to the new owners and explain that their puppy has been included in the study and they may be contacted by the AHT at a later date for information on their dog's health, and if the dog should have any illness or die, could they please complete and return the form to the AHT.

Thank you for taking the time to contribute to this project.

	KC Registered Name	Test Name	New Owners
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND RETURN TOGETHER WITH THE BLOOD SAMPLES TO:

Emma Hales, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU. Email: oncologyres@aht.org.uk

Queries regarding form completion can be directed to mauralyons23@gmail.com

Signed: (Breeder)

Date:

<input type="checkbox"/>	<p>Please tick this box if you would like to receive an acknowledgement that the submitted samples have been received. Please note that this is only possible if an E-mail address has been provided</p>
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Please put a copy of this sheet with the paperwork going to the puppy's new owner.

Health status update of Irish Wolfhounds with blood stored at the AHT for future research.

PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS AND RETURN TO:
Emma Hales, Animal Health Trust, Lanwades Park, Kentford, Newmarket,
Suffolk, CB8 7UU, UK email: oncologyres@aht.org.uk

K.C. Registered Name of Dog/Bitch

K.C. Registration Number

Sex

Date of Birth

Name and Address of Owner:

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Email address

Name of Disease

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Date of Diagnosis

Any Other Information or Comments.

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(If you do not have enough space please continue on a separate sheet)

IF THERE HAVE NOT BEEN ANY SIGNIFICANT HEALTH CHANGES PLEASE TICK BOX

If you have not already done so, please include copies of a 5-generation pedigree and any relevant laboratory or referral reports.

Please tick this box if you would like to receive an acknowledgement that the information and/or documents that you have sent has been received.

Please note that this is only possible if an email address has been provided.

Please note, send only copies of documentation, as originals cannot be returned