

Animal Health Trust Cancer Research: sample submission form

Please return a completed form with every sample submitted to the Animal Health Trust.

1 Owner details

Name Telephone number E-mail address
Address

2 Dog details

KC Registered Name Pet Name Age
Date of birth Sire's name Dam's name
Sex M F Neutered? Yes/No If yes, age when neutered
KC Registration Number Breed Coat colour
Microchip and/or tattoo number
Are you able to provide a 5 generation pedigree*? Yes/No
**If you are unable to provide a pedigree now please subsequently send to Dr. Mike Starkey (address at the bottom of form)*
Breeder's name Telephone number
Address

Does your dog have cancer, or has your dog previously had cancer? Yes now/Yes previously/No
Are you aware if relatives of your dog have been diagnosed with cancer? Yes/No
If yes, please give brief details [cancer(s) and relationship(s)]
.....

If your dog does not have cancer, or has not previously had cancer, proceed to section 4

3 Clinical details (for completion by a vet, or with the assistance of a vet)

Type of cancer suspected/diagnosed
Date when cancer was first suspected/diagnosed
Site of primary tumour (if known)
Is there evidence that the tumour has/had spread elsewhere (if known)
Histopathological grade of tumour (if known)
If your dog currently has cancer, clinical stage of cancer at present (if known)
Has your dog received chemotherapy or radiotherapy? Yes/No
If yes, please give brief details
.....
Would you consent to us contacting your veterinary surgeon to confirm the clinical and histopathological details, and enquire about how your dog was treated and responded to treatment? Yes/No
If yes, please complete the following:
Name of clinician Name of practice
Practice address Telephone number

Follow up

- Would you be willing to inform us if your dog develops cancer in the future? Yes/No
- Would you object to us contacting you in the future to enquire about the health of your dog? Yes/No
- If your dog develops cancer in the future, would you consent to us contacting your veterinary surgeon to confirm the clinical details? Yes/No

If yes, please provide complete the following:

Name of clinician Name of practice

Practice address

Practice telephone number

Blood and tumour samples

As blood sampling is an invasive procedure, we only ask owners to save blood surplus to that collected by a vet as part of a general health check, or for another medical reason. In addition, we only collect small pieces of biopsies of suspected tumours that are routinely collected for diagnostic histopathology.

Sample submission

Sample(s) submitted Blood sample Cheek swab Tumour sample

*****If histopathology has been performed, if possible please submit a copy of a histopathology report with the sample(s)*****

Please send samples to Canine Genetics Research (Oncology), Centre for Preventive Medicine, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU, UK.

Blood samples sent from countries that do not belong to the European Union should be sent in a package labelled "Animal Pathogen - importation authorised by licence number PATH/111/2009/1 issued under the Importation of Animal Pathogens Order 1980".

Unfortunately, we are unable to reimburse you for the cost of sending samples, but we greatly appreciate your invaluable assistance with our proposed important research studies.

Please tick this box if you require acknowledgement of received samples. (Please note that this is only possible if you have provided an E-mail address overleaf)

I accept that the sample(s) become(s) the property of the Animal Health Trust and may be used in future research programmes.

Signature Date

If you have any queries, please contact the Molecular Oncology Group (Tel.: 01638 751000, extension 1214; E-mail: oncologyres@aht.org.uk)

OFFICE USE

RECEIVED _____	OTHER	
ID Number _____	Box Location _____	
O.Database _____	Tubes/Away _____	