



**SAMPLE SUBMISSION FOR IRISH WOLFHOUND
OSTEOSARCOMA PROJECT**



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

Owner details

1	Name :	Telephone :	E-mail :
	Address		

Dog detail

2	KC Reg. Name	Pet Name	Age
	Date of Birth	Sire:	Dam :
	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes age when neutered
	KC Reg. No.	Breed : Wolfhound	Coat Colour
	Are you able to provide a 5 generation pedigree?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	<i>*If you are not able to provide a pedigree at this time, if possible please subsequently send a pedigree to Victoria Polfold-wilkie at the Animal Health Trust (at the address given at the bottom of this form)</i>		
	Breeder's name	Telephone No	
	Address		
	Does your dog have cancer, or has your dog previously had cancer?	Yes now <input type="checkbox"/> /Yes previously <input type="checkbox"/> /No <input type="checkbox"/>	
	Are you aware if relatives of your dog have been diagnosed with cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<i>If <u>yes</u>, please give brief details [cancer(s) and relationship(s)]</i>		
		
	<i>If your dog does not have cancer, or has not previously had cancer, proceed to section 4</i>		

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

3	Type of cancer suspected/diagnosed		
	Date when was cancer first suspected/diagnosed		
	Site of primary tumour (<i>if known</i>)		
	Is there evidence that the tumour has/had spread elsewhere (<i>if known</i>)		
	Histopathological grade of tumour (<i>if known</i>)		
	If your dog currently has cancer , clinical stage of cancer at present (<i>if known</i>)		
	Has your dog received chemotherapy or radiotherapy?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	<i>If yes, please give brief details</i>		
		
	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 <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, please provide complete the following		
	Name of clinician	Name of practice	
	Practice address		
	Practice telephone number		
	Sample(s) submitted (<i>see overleaf</i>) Blood sample <input type="checkbox"/> Cheek swab <input type="checkbox"/> Tumour sample <input type="checkbox"/>		



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Follow up

4

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 surplus blood from 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

Please send samples to Victoria Polfold-Wilkie, Centre for Preventive Medicine, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU, UK.

email: oncologyres@aht.org.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 AHZ/2026A/2004/2 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.

I hereby declare that the sample(s) submitted for research is/are from the dog named above.

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.....