

Call for PLE Samples

The YTCA & YTCAF co-sponsored PLE research project is asking for your support in supplying samples from affected and non-affected dogs.

The “normal” dogs must be 10 or more years of age with no history of PLE-like symptoms (chronic diarrhea, weight loss, low blood albumin, edema). For these dogs the sample process is easy: provide a blood sample, the pedigree, a copy of the dog’s registration, and a copy of the form below.

Affected dogs would provide these things but also a copy of blood work, and any other diagnostic results showing PLE.

Further details on sample preparation and the mailing address for Dr. Simpson at Cornell are on the following sample submission form.

Remember: Dr. Simpson is looking for genetic markers NOT specific dogs.

For more information, contact:

Matina Johnson (brookviewyorkies@yahoo.com) or

Gloria Lyon (lynworth2@comcast.net).

Instructions for Submission

CONSENT:

By signing below, I have been given the opportunity to ask all questions I currently have regarding this study and they have been answered to my satisfaction. I agree to permit my dog to participate in this clinical study and undergo the procedures described to me above. I understand the statements in this informed consent document and that a signed and dated copy of the consent form will be given to me.

Signature of Owner

Printed Name of Owner

Date

Instructions for Blood Sampling:

1. Fill an EDTA (purple top) blood tube.
2. Label the tube with the owner last name, dog's name and date of draw.
3. Cushion the tube with paper towel and place them in their shipping cylinder. Store them for up to 2 days at room temperature or up to a week in the refrigerator prior to shipping. Never freeze the blood.
4. Mail the samples and paperwork to the address below: Samples can be shipped at room temperature.

"Exempt Animal Specimen"

Ship To:

The Simpson Laboratory,
C2016 College of Veterinary Medicine
Cornell University
Ithaca, NY 14853

Protein Losing Enteropathy Medical History

Research Aim

The Simpson laboratory at Cornell University's College of Veterinary Medicine want to identify the genetic risk factors for protein losing enteropathy, an often fatal syndrome in Yorkshire Terriers and other breeds. We are asking you to help by contributing blood samples, pedigrees, and medical data from both your healthy and affected dogs. Only our laboratory staff, our direct scientific collaborators, and your own veterinarian will have access to the information you provide.

Dog's Name:	Date of Birth:	Today's Date:
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PLEASE ATTACH A COPY OF AKC REGISTRATION and PEDIGREE if available

Has this dog ever been diagnosed with:

If 'yes' to either diagnosis, list when and how it was made:

Yes No

- Protein losing enteropathy?
 Inflammatory bowel disease?

When: _____ How diagnosed:

- Endoscopy
 Surgical biopsy
 Presumed

PLEASE ATTACH A COPY OF THE HISTOPATHOLOGY REPORT IF A BIOPSY WAS TAKEN

Have any of the following ever occurred for at least 10 days in a row?

If 'yes' to any symptoms, please describe their severity and duration and when they occurred:

Yes No

- Vomiting?
 Diarrhea?
 Weight loss?
 Loss of appetite?

Have any of the following ever occurred? Please mark 'yes' even if only one occurrence or of short duration:

If 'yes' to any symptoms, please describe their severity and duration and when they occurred:

Yes No

- Any fluid accumulations in the chest or abdomen?
 Any fluid accumulations drained or treated?
 Blood clinically tested in any way?
 Blood assayed for protein level?
 Low protein levels found on a blood chemistry panel?

PLEASE ATTACH A COPY OF THE BLOOD CHEMISTRY REPORT IF SERUM BIOCHEMISTRY WAS PERFORMED

Yes No

- Is the dog *currently* taking medication(s)?
 being treated for any symptoms listed above?
 being treated for any other ailment?

Please list:
Please describe:
Please describe:

We would like your consent to discuss your dog's case with your veterinarian. Medical information provided to us will be treated in a confidential manner. To give your consent, check the box, sign, and provide your vet's contact information.

- No, don't contact my veterinarian.
 Yes, you have my consent to share this medical history with my veterinarian (listed at right), discuss the case, and obtain all relevant patient information from my veterinarian.

Your veterinarian's name and contact information:

Print your name:

Sign:

Thank you for assisting this research study!

SIMPSON LAB (607) 253-3567