

## Shar-Pei Autoinflammatory Disease (SPAID)

**Information om hunden** ifylles av ägaren och lämnas till veterinären/provtagaren

**Information about the dog** to be completed by the owner before submission to the sampler/veterinarian

Registreringsnr / Reg.no	Ras / Breed
Registrerat namn / Registered name	Född / Date of Birth
ID-nummer och/eller tatuering / Chip and/or tattoo	Kön / Sex <input type="checkbox"/> Hane / Male <input type="checkbox"/> Tik / Female

**Hundägare** ifylles av ägaren / to be completed by the owner

Förnamn / First name	Efternamn / Surname
Gatuadress / Street	Postnr / Postal code    Ort / City    Land / Country
Telefon / Phone	E-post / E-mail <b>Customer outside of Sweden. Enter year of birth, month, day</b>
Jag försäkrar att uppgifterna som lämnats ovan gäller den hund från vilken blodprovet tas. Jag accepterar att blodprovet kommer att tillhöra Sveriges Lantbruksuniversitet (SLU) och kan komma att användas i framtida forskningsprojekt. <i>I declare that the blood sample submitted for testing is from the dog stated above.          I accept that the blood sample becomes the property of the Swedish University of Agricultural Sciences (SLU) and may be used in future research programmes.</i>	
Datum / Date	Underskrift / Signature

### Veterinäruppgifter

Namn på behandlande veterinär / Name of vet.	Journalnummer / Case record no.
Gatuadress / Street	Postnr / Postal code    Ort / City    Land / Country
Telefon / Phone	Fax    E-post / E-mail
Jag försäkrar att jag i samband med provtagningen har kontrollerat uppgivet ID-nummer (chip och/eller tatuering) för ovan angivna hund. <i>I declare that I have confirmed the identification of the dog (chip and/or tattoo) stated above.</i>	
Datum / Date    Ort / City	Stämpel / Stamp
Underskrift / Signature	
Namnförtydligande / Printed name	

Skicka provet till SLU snarast möjligt efter provtagning. *Send the sample to SLU as soon as possible after sampling.*

### Övrig information om hunden Additional information about the dog

Kryptorchid / Cryptorchid <input type="checkbox"/> Ja / Yes <input type="checkbox"/> Nej / No
Hundens vikt / Weight .....kg <input type="checkbox"/> Normalt hull / Normal weight <input type="checkbox"/> Under normalt hull / Under normal weight <input type="checkbox"/> Över normalt hull / Overweight
Övrig hälsoinformation / Additional health information .....
Vänligen fyll i hälsoformuläret nedan / Please complete the "Shar-Pei Health Questionnaire" which follows.

Betalning enligt prislista görs i förskott till SLU på swish nummer 123 322 23 38 eller till SLU:s Bankgiro 5050-7920. I betalningsmeddelande ange referens "HBIO" samt hundens namn. Kryssa i vald betalningsmetod:    **Swish**    **Bankgiro**    Betalningsdatum: .....

**Faktura** Ställs till:    Persnr/Org.nr:

*Payment according to the price list is made in advance. In the message, enter the reference "HBIO" and the dog's name. Name of account holder: Sveriges Lantbruksuniversitet, Account number (IBAN): SE92 1200 0000 0128 1011 9104, BIC/Swift: DABASESX, Bankadress: Norrmalmstorg 1, 111 46 Stockholm, Sweden. **Date of payment:***



## Information to the dog owner and sampling veterinarian

### Results with or without verified identity

SPAIID genotype results can be generated for owner sampled, or veterinarian sampled individuals. Please note, some kennel clubs require that the dog's identity be verified at the time of sampling, and will not accept owner sampled results. Please check the requirements of your club to ensure the result you receive can be used accordingly.

### Instructions sampling

#### Blood

A blood sample (1-3 ml) is taken by a veterinarian in an EDTA-tube. This tube should be clearly labelled with the dog's name, registration number or ID number. Please invert the tube 2-3 times immediately after sampling to avoid coagulation. The sample should be sent the same day, or refrigerated prior to sending at a later time. Samples can be shipped at room temperature.

#### Buccal Swabs

There are two swabs for each individual to be sampled (**ordered from the Animal Genetics Laboratory**). One for each cheek of the individual to be sampled. The dog or puppy being sampled should not have suckled, or have eaten, in the 30-60 minutes prior to sampling. If possible, keep puppies separated from each other, and their mother, before sampling.

Open the package and remove the swab making sure not to touch bristles. To collect buccal cells, run the swab on one side of the cheek inside the mouth. Roll the swab around 10-20 times over a large area and with some pressure. Repeat this procedure with the second swab on the dog's *other* cheek. Allow the swabs to air dry for approximately 10-15 minutes at room temperature. Place the dried swabs back in the attached zip lock bag. Close the zip lock bag. Mark the zip lock bag with the dog's ID (name, chip number or barcode). The samples should be sent the same day, or refrigerated prior to sending at a later time. Samples can be shipped at room temperature.

**Please note!** The amount of DNA we can obtain from mouth swabs are often less, and sometimes of lesser quality than that obtained from blood. This means that we may have to ask for new swabs from your dog if the swab DNA amount is insufficient for the genetic test.

#### Payment

Payment according to the list price is made in advance. In the message, enter the reference "HBIO" and the dog's name. Name of account holder: Sveriges Lantbruksuniversitet, Account number (IBAN): SE92 1200 0000 0128 1011 9104, BIC/Swift: DABASESX, Bank address: Norrmalmstorg 1,111 46 Stockholm, Sweden.

The normal turnaround time for the test is approximately 10-15 days after the sample's arrival. The results are sent by email to the owner or stated recipient.

**Note! Payment should be made prior to any service rendered and goods delivered.**

Send the samples to the address below: Animal Genetics Laboratory Swedish University of Agricultural Sciences Box 7023 SE-750 07 Uppsala Sweden	Using a courier*, please use the following address: Animal Genetics Laboratory Swedish University of Agricultural Sciences VHC Godsmottagning Almas allé 4C SE-756 51 Uppsala Sweden
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\* Please contact the Animal Genetics Laboratory ([hgenlab@slu.se](mailto:hgenlab@slu.se)) for an import permission, buccal swabs or for further questions.

**GENERAL QUESTIONS**

**Owner:** .....

**Dog's registered name:** .....

**Dog's call name:** ..... **Reg. Number:** .....

**Date of birth:** ..... **Dog's weight at time of sampling (kg):** .....

**Date blood and/or serum obtained:** .....

**Sex:**  Male  Female **Castrated:**  No  Yes **Date/Year:** .....

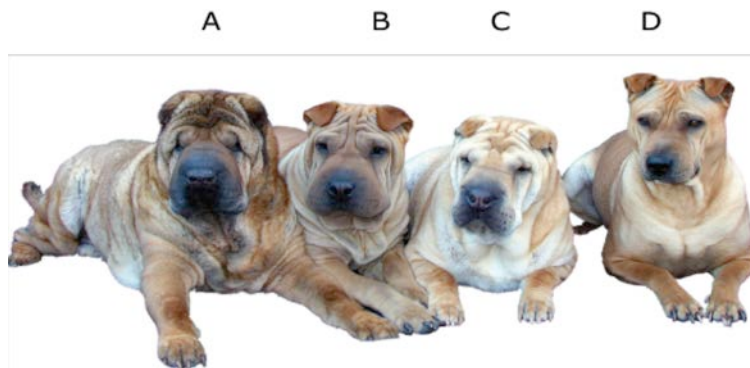
**Coat colour:**

- |                                     |                                    |  |  |
|-------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Red        | <input type="checkbox"/> Svart     | <input type="checkbox"/> Blue            | <input type="checkbox"/> Cream Pigmented |
| <input type="checkbox"/> Red Fawn   | <input type="checkbox"/> Chocolate | <input type="checkbox"/> Blue Dilute     | <input type="checkbox"/> Cream Dilute    |
| <input type="checkbox"/> Fawn       | <input type="checkbox"/> Brown     | <input type="checkbox"/> Isabella        | <input type="checkbox"/> Apricot Dilute  |
| <input type="checkbox"/> Red Dilute | <input type="checkbox"/> Lilac     | <input type="checkbox"/> Isabella Dilute | <input type="checkbox"/> Other           |

**Coat type:**  Brushcoat  Horsecoat  Bearcoat

**Shar-Pei Type:**  Meatmouth  Bonemouth

**Circle the dog who looks most like yours:**



**Is the dog's veterinary record included?:**  No  Yes

**Is an image of the dog included?:**  No  Yes

**HAS YOUR DOG SUFFERED ANY OF THE FOLLOWING HEALTH ISSUES?**

**1. FEVER**       No    Yes

If "Yes", How old was the dog when the first event occurred?.....

How many fever eventss have there been since?.....

If frequent, how often are the eventss (monthly, weekly, other)?.....

Does the dog have swelling with the fever?  No    Yes

    If "Yes" where,  hocks    muzzle    other? .....

How high is the fever?  103°F/39.5°C    104°F/40 °C    105°F/40.5 °C    106°F/41 °C

Approximately, for how many hours did the fever last?.....

Have fever events ever occurred shortly after vaccinations or were they associated with any specific environmental trigger? If yes, please describe. ....

.....

Is this dog on colchicine or any other anti-inflammatory medication or supplements? If yes, please describe including dosage, frequency and duration. Alternatively, please include vet records. ....

.....

**2. INFLAMMATION**

Has the dog had joint swelling (including swollen hocks) without apparent fever?  No    Yes

Does the dog occasionally seem reluctant/unwilling to move, or behave differently as though not feeling well or in pain? Please describe.....

Have there been any unusual or abnormal laboratory test results or disease symptoms that might suggest chronic inflammation?  No    Yes – Please describe.....

.....

Have the dog's cobalamin levels been measured?  No    Yes

If yes, was the dog deficient? What was the value?.....

**3. AMYLOIDOSIS**

Has the dog been diagnosed with amyloidosis as confirmed by biopsy?  No  Yes

Have there been signs of kidney and/or liver problems through blood/urine testing?  No  Yes

Please describe, or indicate if we may contact your veterinarian for more details?  No  Yes

.....

**4. RELATIVES**

Does this dog have relatives that you know of that have had fever events and/or swollen hocks?

No  Yes, Indicate relationship:.....

Does the dog have any relatives that have dies of confirmed amyloidosis or kidney/liver failure suggestive of amyloidosis?  No  Yes

Please indicate relationship and if the result was confirmed with by biopsy or post-mortem.

.....

Has this dog produced offspring with  Fever  Swollen hocks  Amyloidosis

Please indicate relationship:.....

**5. OTHER HEALTH ISSUES**

Has the dog been diagnosed with any of the following issues?

- Cutaneous mucinosis
  - Allergies .....
  - Luxating patella/s
  - Glaucoma
  - Cancer (which type?).....
  - Hypothyroidism
  - Heart problems
  - Vasculitis, STSS or similar skin slough
  - Other? .....
- Entropion
  - Other skin/ear problems
  - Lens luxation (PLL)
  - Lympahngitis or lympeidema
  - Mast cell disease
  - Inflammatory bowel disease
  - Seizures or other neurological issue

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**PLEASE STATE CONTACT INFORMATION:**

Owner address: .....

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Telephone number and email: .....

Veterinarian Name: .....

Clinic Name: .....

Telephone Number: .....

Email : .....

Other comments:

**Thanks for your effort!**

**Please submit this questionnaire along with sample release form and blood samples.**

We will contact you if we need more information about your dog.

Please contact us if you have questions about our research:

[jennifer.meadows@imbim.uu.se](mailto:jennifer.meadows@imbim.uu.se), 018-471 43 83

<http://hunddna.slu.se>