



Cornell University

Population Medicine & Diagnostic Science
Animal Health Diagnostic Laboratory
240 Farrier Road.
Ithaca, New York 14853

Comparative Coagulation Section
Telephone: 607-253-3648
Fax: 607-253-3471
email: Comp_coag@cornell.edu

DNA SAMPLES NEEDED FOR ITP STUDY

Thank you for your interest in helping to tackle ITP! Immune thrombocytopenia (ITP, sometimes known as “thrombo”) causes spontaneous bleeding because the body destroys its own blood platelets. Our goal is to identify immune and genetic factors that cause ITP so that we can improve disease diagnosis and treatment. Your canine senior citizen can help us accomplish these goals. Thank you for your support!

For questions, please contact: Dr. Dana LeVine dnlevine@iastate.edu
or Dr. Marjory Brooks mbb9@cornell.edu

Marjory Brooks, DVM, DACVIM
Animal Health Diagnostic Laboratory
Cornell University

Dana LeVine, DVM, DACVIM, PhD
Veterinary Clinical Sciences
Iowa State University

What samples are needed?

Aged dogs (at least 15 years old) with no prior history of blood disorders.

1. Fill in the owner, veterinarian, and dog information on page 2

2. Collect an EDTA blood sample (1 or 2 purple top tubes)

3. Submit the following:

- Completed information and consent form
- Pedigree
- EDTA blood sample
- Bleeding history questionnaire

4. Ship for next day or 2 day delivery

- Wrap tubes carefully to prevent breakage
- Ship in a Styrofoam box with a refrigerator cold pack
- Shipping address:

Comparative Coagulation Laboratory
Attn: Dr. Marjory Brooks
240 Farrier Road
Ithaca, NY 14853
PH: 607-253-3648

AKC Canine Health Foundation
Grant #02536-MOU.



CONTACT INFORMATION AND CONSENT FORM FOR ITP STUDY

OWNER	Name:	
	Address:	
	Address:	
	Email:	Phone:
DOG:	Call name:	AKC #:
	Registered name:	
	Current Age or DOB:	Sex:
	American Cocker or English Cocker (Please Circle Breed)	
VETERINARIAN	Name:	
	Clinic Name:	
	Clinic Address:	
	Clinic Address:	
	Email:	Phone:

Owner's Authorization

I authorize collection of blood samples from my dog for the purpose of DNA isolation to use in genetic studies of ITP. Samples remaining may be used for analyses of other genetic disease or breed structure of dogs. I authorize discussion and release of my dog's medical information for the purposes of confirming classification of ITP and studying risk factors and characteristics of affected dogs that influence disease onset and severity.

(Owner Signature)

(Date)

PLEASE RETURN THIS FORM WITH SAMPLES & PEDIGREE IN A SHIPPING CONTAINER.
CALL DR. BROOKS AT 607-253-3648 FOR ANY QUESTIONS