



**Clinical study: Identifying the Genetic Basis of Protein Losing Enteropathy in Yorkshire Terriers.**

**Sponsored by the AKC Canine Health Foundation**

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**1. Why is this clinical study being done and why is my dog being invited to take part in this study?**

Chronic intestinal disease that is associated with the loss of protein into the gut, known as protein losing enteropathy (PLE), is a severe, life threatening condition that affects many dog breeds, including the Yorkshire Terrier, Soft-coated Wheaten Terrier, Basenji, Norwegian Lundehund, and the Chinese Shar-pei.

The syndrome of PLE is most common in **Yorkshire Terriers** and affected dogs typically suffer from severe weight loss, accumulation of fluid within tissues and in their body, diarrhea, low levels of circulating proteins, increased risk for abnormal clotting, and unbalanced vitamins and minerals. Remission occasionally occurs, however, relapse of the disease is common and long-term survival is rare.

We are seeking to learn more about the genetics of the disease in order to develop diagnostic tests to identify dogs that are carriers of PLE prior to breeding. We also are studying ways in which the disease is caused in other species and to improve PLE treatments in the future.

**2. Who is Eligible for this study and what is required?**

- **Yorkshire Terriers with a diagnosis of Protein Losing Enteropathy**
- **Yorkshire Terriers that are 10yrs of age or older who have NO history of chronic Gastrointestinal disease and a normal serum albumin** (determined on blood samples submitted for genotyping).
- **A blood sample from each dog is required for the study**

**3. What happens to the information and blood collected for the clinical study?**

All identifying client and animal details will be considered confidential. Data resulting from the study will become the property of Cornell University. Specimens collected may be used in future research. The specimens could lead to new discoveries and treatments.

**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?

Endoscopy  
 Surgical biopsy  
 Presumed

When: \_\_\_\_\_ How diagnosed:

**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)?

Please list:

being treated for any symptoms listed above?

Please describe:

being treated for any other ailment?

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