



Autoimmune Thyroiditis Study

This scientific study of Autoimmune Thyroiditis is conducted by Dr. Lorna Kennedy at the University of Manchester (England) in affiliation with Dr. W. Jean Dodds in California. The Kerry Blue Terrier Foundation wishes to ask that you do not charge for collecting the blood, but provide this service pro bono to help the researchers in their search for the gene that causes thyroiditis.



Instructions for Sample Collection & Processing

| Profile | Instructions |
|-------------------------------|--|
| Thyroid Antibody, D8T (20124) | If the patient is already on thyroid medication, the blood should be drawn 4–6 hours after giving thyroid medication. Collect 3 to 5 ml of blood. Add to the red top tube or serum separator tube (SST). Allow to clot, centrifuge, and separate serum. Transfer serum to empty red top or plastic tube. Do not send unseparated blood. 1.0 ml serum is <i>required</i> for the Thyroid Antibody Profile. Test includes T3, T4, T3 autoantibodies, and T4 autoantibodies. |
| Add-On TgAA | Requires 0.5 ml separated serum. Can be combined with the sample above. Note: Good for genetic screening. |
| Whole blood for UK DNA study | Collect 3–5 ml of blood in EDTA (LTT). Clearance test certificate will be provided by HEMOPET/HEMOLIFE. |

Optional: Thyroid Registry Panel

| Profile | Instructions |
|----------------------------|---|
| OFA Thyroid Registry Panel | Requires 2.0 ml of separated serum. Include an OFA application form (www.offa.org/thyappbw.pdf) and a check for \$15 (US) made out to OFA. |

SHIPPING INSTRUCTIONS

Please make sure that you:

- **Label tubes clearly with the pet's name and owner's last name.**
- Ship samples in a sturdy cardboard box with plenty of bubble wrap.
- Send separated serum transferred into a plastic or red top tube by 2-day courier.
- Send by US Priority Mail, US Express Mail, Fed Ex, UPS, or other courier to arrive in our office Monday-Saturday.
- Call 714-891-2022 (blood bank) or fax 714-891-2123 with any questions

Dr. Dodds will follow up with interpretations and recommendations.

Send samples to: **HEMOPET/HEMOLIFE**
11561 Salinaz Avenue
Garden Grove, CA 92843

Dog & Owner Information

Dog's name _____

Dog's age _____ weight _____ sex _____

Is the dog on thyroid replacement? Yes No If yes,

What type and dosage? _____

Owner's name _____

Street _____

City, state, zip _____

Phone _____ Fax _____

Please include the dog's pedigree and this form.

DNA Informed Consent Form

1. I appreciate that in order to advance our understanding of veterinary diseases, there is a need to determine how a particular condition relates to the genetic profile of the animal.
2. I understand that any genetic tests relating to my animal will not provide specific information about its condition, but will contribute to the general body of knowledge about the disease in the species. I realize that no specific information regarding genetic tests on my animal will be reported back to me.
3. I agree to DNA being extracted from blood that may be taken from my animal for the agreed clinical investigations, and that is surplus to requirements for clinical tests. I agree that this will be used entirely for research purposes. I give consent for the material to be stored and made available to *bona fide* scientists in the field of animal disease and genetics.
4. I understand that all information I give will be held in strict confidence and the source of the archived DNA will not be divulged to any third party unconnected with the research project (e.g., insurance companies).
5. I understand that this research will not benefit my animal directly, but in the future may be of benefit to other animals.
6. I understand that the custodianship of the DNA resides with the University of Manchester, Centre for Integrated Genome Medical Research, but I retain the right to remove my animal's sample from the archive in the future if so wished.

Signed _____ Date _____

REQUIRED FOR DNA ANALYSIS