



Shar-Pei Autoinflammatory Disease (SPAID)

Information om hunden (fylls i 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.	Hundras / Breed:
Registrerat namn / Registered name:	Född / Date of birth:
ID-nummer och/el. tatuering / Chip and/or Tattoo:	Kön / Sex <input type="checkbox"/> Hane / Male <input type="checkbox"/> Tik / Female

Hundägare – ifylles av hundägaren

Dog owner – to be completed by the dog owner

Förnamn / First name:	Efternamn / Surname		
Gatuadress / Street:	Postnr / Post code	Ort / City	Land / Country
Telefon / Phone	E-post / E-mail		
<p><i>Jag försäkrar att uppgifterna som lämnats ovan gäller den hund från vilken blodprovet tas och är införstådd med att resultatet kommer att registreras av SKK och vara offentligt tillgängligt. Jag accepterar att blodprovet kommer att tillhöra Sveriges Lantbruksuniversitet (SLU) och kan komma att användas i framtida forskningsprojekt.</i></p> <p><i>I declare that the blood sample submitted for testing is from the dog stated above. I agree that the result of this test will be registered within the Swedish Kennel Club and will be made public. I accept that the blood sample becomes the property of the Swedish University of Agricultural Sciences (SLU) and may be used in future research programs.</i></p>			
..... Datum / Date Underskrift / Signature		

Veterinäruppgifter / Veterinary Information

Namn på behandlande veterinär / Name of Veterinary	Journalnummer / Case record no.		
Gatuadress / Street:	Postnr / Post code	Ort / City	Land / Country
Telefon / Phone	E-post / E-mail		
<p><i>Jag försäkrar att jag i samband med provtagningen har kontrollerat uppgivet ID-nummer (chip och/eller tatuering) för ovan angivna hund. I declare that I have confirmed the identification of the dog (chip and/or tattoo) stated above.</i></p>			
..... Datum / Date Ort / Place	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Stämpel / Stamp </div>	
..... Underskrift / Signature			
..... Namnförtydligande / Printed name			

Övrig information om hunden / Additional information about the dog

Vänligen fyll i hälsoformuläret nedan / Please complete the "Shar-Pei Health Questionnaire" which follows.



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Anvisningar till provtagande veterinär / *Information to the sampling veterinary*

Provtagning / Sampling

- Formuläret fylls i och undertecknas av såväl djurägare som veterinär. Hundens identitet ska säkerställas vid provtagningen.

Both the dog owner and the veterinary should complete the form. The dog's identity should be verified at the time of sampling.

- Blodprov tas i **2 EDTA-rör** (~4ml / rör) och **1 serumrör** (~4 ml). Centrifugera gärna serumröret och för över supernatanten till ett nytt rör. Märk provröret tydligt med hundens reg nr. och/eller chipnummer.

The blood sample should be collected in 2 EDTA tubes (~4ml / tube) and 1 serum-tube (~4 ml). Please centrifuge the serum-tube and collect the supernatant into a new tube. Mark the samples with the dog's registration number and/or chip number.

- Proverna skickas till adressen nedan / *The samples are sent to the address below:*

Adress/Address

Märk kuvertet / Mark the envelope

SPAID

Husdjursgenetiska Laboratoriet

SLU

Box 7023

750 07 Uppsala

SWEDEN

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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:**

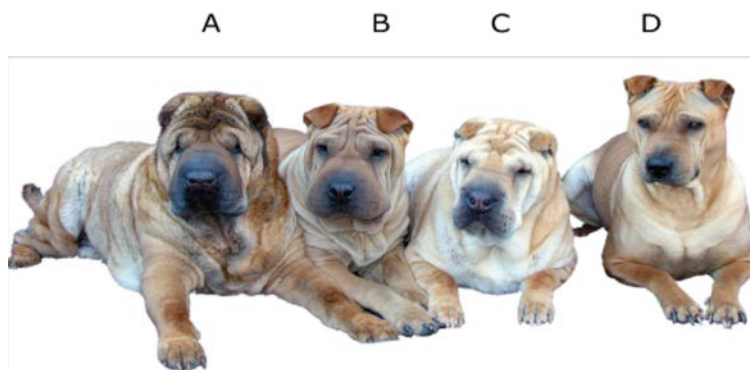
Coat colour:

- | | | | |
|-------------------------------------|------------------------------------|--|--|
| <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

.....

PLEASE STATE CONTACT INFORMATION:

Owner address:

.....

.....

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, 018-471 43 83

<http://hunddna.slu.se>