

## BLOOD COLLECTION PROCEDURES

Draw a minimum of 5 to 10 cc per animal into a purple top tube (with EDTA) of approximately 2" in height.

1. Mark the tube with the animal's Registered Name, registration # and owner's name.
2. The tube should be sent at room temperature or with a chill pack. DO NOT FREEZE
3. Please fill out the section below and send with the blood sample to:

**Dr. Margret L Casal**  
**Section of Medical Genetics**  
**VHUP Room 4015**  
**3900 Delancey Street**  
**Philadelphia, PA 19104-6010**

4. See reverse for mailing suggestions.

✂ ✂ (DETATCH THIS PORTION AND INCLUDE THIS COMPLETED FORM WITH THE BLOODSAMPLE) ✂ ✂

Registered Name \_\_\_\_\_ Sex \_\_\_\_\_

AKC # \_\_\_\_\_ Call Name \_\_\_\_\_

Collected By \_\_\_\_\_ Date Collected \_\_\_\_\_

Is this dog affected with seizures? \_\_\_\_\_

If this dog is not affected, please give the relationship to an Affected ( circle the closest relationship) :

Parent of Affected ( sire / dam )

Sibling of Affected( littermate / sibling ) Date of Whelp \_\_\_\_\_

½ Sibling of Affected ( sire's side / dam's side )

Aunt / Uncle of Affected ( sire's side / dam's side )

Other / Don't Know \_\_\_\_\_

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

Tel # ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

**Mailing suggestions :**

The tube should be sent at room temperature or with a cold pack. DO NOT FREEZE

1. Wrap the tube filled with collected blood very well in bubble wrap or similar material.
2. Place wrapped tube and the completed information form into a small cardboard box.
3. Place padding inside of the box around the tube to keep it from rattling around.
4. Seal the box well.