

## English Springer Spaniel PRA (cord1, crd4) Research Participation Form

### 1. Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### 2. Dog Information

Call Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ (circle) AKC / other: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ Sex (circle each): Male / Female and Neutered / Intact

Sire's Reg. Name \_\_\_\_\_ Sire's Reg. #: \_\_\_\_\_

Dam's Reg. Name \_\_\_\_\_ Dam's Reg. #: \_\_\_\_\_

### 3. Questionnaire

1) Does your dog have any vision issues?

No  Yes (please describe: \_\_\_\_\_)

2) Has your dog been DNA tested for the *RPGRIP1* mutation (cord1, crd4)?

No  Yes (please circle – **Affected** / **Carrier** / **Normal**; Tested by \_\_\_\_\_)

3) Has your dog received any eye exam by an ophthalmologist before?

No  Yes (please describe any findings: \_\_\_\_\_)

4) Is there any dog related to your dog known as (please check all that apply and describe the relation with your dog):

**DNA tested as *RPGRIP1* affected** (relation: \_\_\_\_\_)  **Affected with PRA** (relation: \_\_\_\_\_)

**Blind or has vision issues** (diagnosis unknown) (relation: \_\_\_\_\_)

### 4. Authorization

To the best of my knowledge, the information I have supplied is accurate. I understand that the sample I have submitted will be used for research in the effort to understand retinal conditions in English Springer Spaniels as well as other inherited diseases in dogs.

Owner Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

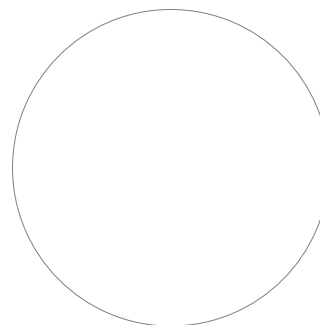
**Contact:** Principal investigator Keiko Miyadera, DVM PhD DACVO ([kmiya@upenn.edu](mailto:kmiya@upenn.edu))

----- Please keep the space below blank -----

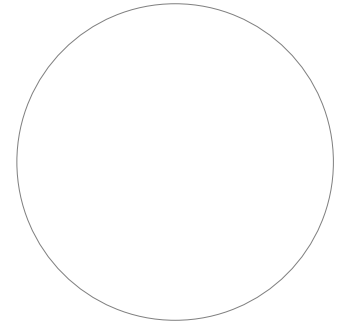
Fundus exam  Normal

Abnormal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



R



L

DNA collection: \_\_\_\_\_

*RPGRIP1*: Affected / Carrier / Normal

ESS#