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	Lab entry:
	Confirmation of receipt:

**Submission form -
Shar-Pei Autoinflammatory Disease (SPAID) study**

Shar-Pei Autoinflammatory Disease (SPAID) is characterized by typical signs of inflammatory processes like recurrent bouts of fever, inflammations of the ear, arthritis and a reddened skin. Due to the circulating inflammatory cells affected dogs can also develop amyloidosis accompanied with severe damage of different organs like kidney, liver, pancreas, heart and intestinal submucosa. This study aims at investigating the genetic cause of SPAID in Shar-Pei. Samples from SPAID-affected and unaffected Shar-Pei dogs are investigated for genetic variants in genes that might be involved in disease development. For accurate assessment of the clinical status it is essential that this form is filled in carefully. All data are kept confidential and thus the ID of the dog or the owner of the dog cannot be inferred.

Information about the owner			
Last name:		First name:	
Address:			
Phone / Email:			
Information about the dog (including pedigree-information)			
Name & kennel name:			
Sex:	<input type="radio"/> male	<input type="radio"/> female	date of birth:
Kennel club:			
Registered no. dog:		Chip-/Tattoo no. dog:	
Registered no. sire:		Chip-/Tattoo no. sire:	
Registered no. dam:		Chip-/Tattoo no. dam:	
Health status of the dog			
Skin wrinkling	<input type="radio"/> little wrinkles	<input type="radio"/> average wrinkles	<input type="radio"/> strong wrinkles
Shar-Pei Fever	<input type="radio"/> never before	<input type="radio"/> 1-3 times observed	<input type="radio"/> more than 3 times observed
The owner's declaration of agreement			
Data and samples of this examination are also used for scientific purposes. All data will be made anonymous and thus the ID of the dog or the owner of the dog cannot be inferred. Herewith, I confirm that the EDTA blood sample of the dog can be used for SPAID research and I agree on the anonymous use of the scientific data.			
Date and signature of the dog's owner			
The veterinarian's declaration of identity verification			
I hereby confirm that the sample enclosed has been collected from the dog described above and has been marked immediately by the dog's name and the registered number or the chip number. I agree the additional use of this sample for scientific purposes.			
Date and signature of the veterinarian			

Please see form at the backside!

Please fill in the questionnaire for further research!

Type and health status														
Breed type	<input type="radio"/> meat-mouth <input type="radio"/> bone-mouth													
Wrinkles in the region of the head	<input type="radio"/> little			<input type="radio"/> intermediate					<input type="radio"/> much					
Wrinkles in the region of the body	<input type="radio"/> little			<input type="radio"/> intermediate					<input type="radio"/> much					
Wrinkles in the region of the legs	<input type="radio"/> little			<input type="radio"/> intermediate					<input type="radio"/> much					
Coat type	<input type="radio"/> horse coat			<input type="radio"/> brush coat					<input type="radio"/> bear coat					
In the case of pathological examination: Please add the pathological report	<input type="radio"/> Yes <input type="radio"/> No													
Amyloid-positive results (congo red) in the following organs:	<input type="radio"/> kidney			<input type="radio"/> liver		<input type="radio"/> pancreas		<input type="radio"/> spleen		<input type="radio"/> others:				
Frequency of occurrence					Initial age of occurrence (years)								Comments	
	1x	2x	3x	>3x	-1	2	3	4	5	6	>6			
Fever of unknown origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Fever of known origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Please state the potential reason(s) for bouts of fever:														
Thickened joints (joint inflammation, arthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Blister-like skin alterations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Reddening of the skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Thickened skin regions of pasty consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ear inflammations (recurrent or persistent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Eye inflammations (recurrent or persistent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Diarrhoea and/or vomiting of unknown origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tumors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Type of tumor:														
Further diseases:														