We are Searching for Genes for Bone Cancer in Irish Wolfhounds
Why? For Carrier Testing and Improved Treatment in Dogs and Humans

The Canine Genome Sequencing Project, based in Boston at the Broad Institute at Harvard and MIT, recently finished sequencing the dog genome. Now, with the help of the AKC Canine Health Foundation we are using this important new resource to find genes for canine diseases such as bone cancer (osteosarcoma). This is a large international project that already has funding and experienced scientists to conduct the planned research. This devastating cancer is a significant health concern in Irish Wolfhounds. We are searching for regions of the genome that differ between healthy dogs and dogs with osteosarcoma. This research will help develop genetic tests to identify carriers of osteosarcoma. Ultimately, this will improve treatment and survival rates in dogs and in people with bone cancer as there appear to be large similarities in the dog and human osteosarcoma, particularly the kind that affects children.

To succeed at this, though, we need your help! We need samples from both dogs that are sick with osteosarcoma and dogs that are healthy. We are ready to start the experiments but to do so and succeed in the analysis we need more samples.

What can you do?
* Healthy dogs: If you have a healthy wolfhound (especially a dog 6 years or older), we would really appreciate a blood sample.
* If your dog has osteosarcoma, please ask your veterinarian to draw a blood sample and send it to us together with the clinical information.
In both cases we also need the Kennel Club number or pedigree information. Please let us know if your dog has had any type of disease.

We need a blood sample (minimum 4 ml EDTA-blood) and also appreciate a 5 ml Serum/tube sample (uncentrifuged is ok if shipped within 24 h from sampling)

Ship samples in regular mail (padded envelope) to:

Henrik von Euler
Swedish University of Agricultural Sciences
Department of Clinical Sciences
P.O. Box 7054
SE-750 07 Uppsala
Sweden

If you have questions please contact us at:
E-mail: henrik.von.euler@kv.slu.se
Website: www.c3o.se

All personal and contact information as well as information regarding your dog will be kept confidential.
Blood Sample Release Form

Research Statement:
We would like to obtain a blood sample from your dog. The sample will help us to explore canine genetic issues including patterns of genetic diversity between and within breeds, and in disease states.

Who will have Access to the Information and Specimen?
Only the “Osteosarcoma mapping project” research staff will see research information and specimens that can identify your dog. Any studies utilizing your dog’s blood tissue sample will occur with the understanding that none of your dog’s unique identifiers (name, Kennel Club number, etc.) will be distributed or published.

Dog Owner’s Statement:
I have read the information provided above and have had an opportunity to ask questions regarding the procedures involved. I am the owner or the agent for the owner of the dog described below and I have the authority to execute this release. My signature below indicates I voluntarily agree to give my dog’s blood specimen for this study.

Owner signature: __________________________________________________________________________ Date: _____________

Owner’s name (please use capitals): __________________________________________________________________________

E-mail: __________________________________________________________________________

Telephone: __________________________________________________________________________

Address: __________________________________________________________________________

Dog’s name (Nick name is ok if registr number is provided): __________________________________________________________________________

Breed: __________________________________________________________________________

Kennel Club registration number: __________________________________________________________________________

Gender: Male _____ Female _____ Neutered/spayed _____ Born year: __________________________________________________________________________

Known diseases: __________________________________________________________________________

Type (e.g. size variant)/Coat/Color: __________________________________________________________________________

Copy of Pedigree info : Yes ___ No _____

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Postal address
P.O. Box 7054
S-750 07 Uppsala
SWEDEN

Visiting address
Ulls väg 12

Tel +46(0)18-671363

Fax +46(0)18-673534

E-Mail henrik.von.euler@kv.slu.se

web www.c3o.se