

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org

A Not-For-Profit Organization

Office
 Use
 Only

for Cairn & West Highland White Terriers Only

Application for Globoid Cell Leukodystrophy Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC			Other registry name:			
Registered name:			Sex:			Other registry #:			
Breed:			Date of Birth (month-day-year):						
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:			Registration number of dam:			
Owner name:			Date sample taken (month-day-year):			Clinical symptoms:			
Co-Owner name:			Examining veterinarian's name or veterinary hospital:						
Mailing address:			Mailing Address:						
City:		State:	Zip/postal code:		City:		State:	Zip/postal code:	
Phone:		E-mail:			Phone:		E-mail:		

I hereby certify that the sample submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its radiographic evaluation of the animal described on this application to the public if the results are abnormal _____ (initials of registered owner).

Owner/Breeder Instructions

Please complete, sign, and mail this application along with the blood sample, a self-addressed stamped envelope, and a check for \$75 payable to Dr. Wenger, to the shipping address on the back of this application.

Dr. Wenger will report his diagnosis on the form on the back of this page and mail it in the self-addressed envelope to the owner. To submit the results to the OFA for inclusion in the GCL database, send the completed form with the Dr. Wenger's diagnosis results to the OFA at the address above, with a check enclosed. See the OFA fee schedule below. If you want the data to be public, be sure to initial the "Authorization to Release Abnormal Results."

Veterinary instructions, diagnosis result form and shipping address on back

<input type="checkbox"/> I DID verify tattoo/microchip on this dog		<input type="checkbox"/> I DID NOT verify tattoo/microchip on this dog	
Veterinarian Signature _____		Specialty: <input type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist	
		Date _____	

Fees Animals Over 12 Months

- Globoid Cell Leukodystrophy database..... \$15.00
- Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

- Minimum of 5 individuals \$7.50 per study

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

Affected Animals and Resubmits (on previous Clear or Equivocal submissions)—no OFA Charge

Veterinary Instructions

Instruct owner to fill out and sign the OFA Application Form; attach \$75 check for Dr. Wenger; enclose stamped, self-addressed envelope.

- Draw at least 4cc of blood.
- Use green top (Heparin) tube or purple top (EDTA) tube. Mix gently but well.
- Identify the tube with dog name and breed, owner name, veterinarian name.
- Pack sample tube and signed dog application form with check and return envelope in insulated (foam) box at room temperature
- Ship by overnight express Monday through Thursday only to address below.

Ship Sample to:

Dr. David Wenger
Department of Neurology
Jefferson Medical College
1020 Locust St., Room 394
Philadelphia, PA 19107-5563

Report Form for Results of DNA Analysis

of Globoid Cell Leukodystrophy (GCL) in Cairn and West Highland White Terriers

GCL is a fatal, autosomal recessive disease caused by mutations in the galactocerebrosidase (GALC) gene. When a dog inherits two copies of the gene with the mutation (one copy from each parent) it will have the disease. If a dog has one copy of the mutated GALC gene it will be healthy but could pass on the carrier status to offspring if mated with a non-carrier dog, or produce affected dogs if mated with another carrier.

DNA Analysis of the dog identified on the front side of this form reveals that:

This individual is a carrier of the mutation causing GCL.

This individual is affected (has GCL).

This individual is clear of globoid cell leukodystrophy.

Signature _____ Date _____

David A. Wenger, PhD, Professor of Medicine (Medical Genetics) and Biochemistry and Molecular Biology
Phone: (215) 955-1666, Fax: (215) 955-7560