

THYROID – OFA FORM: 1 OF 2

https://www.ofa.org/pdf/thyapp_bw.pdf

Application for Thyroid Database

Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:					
Breed:			Sex:		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 of examination (month-day-year):		Date of last routine vaccination:					
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 and that this animal has not received thyroid medication of any type for 3 months prior to this test. 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 evaluation of the animal described on this application to the public if the results are abnormal

(Initials of registered owner).

THYROID – OFA FORM: 2 OF 2

<https://cvm.msu.edu/assets/documents/VDL/Submittal-CTR-Fillable.pdf>

Canine Thyroid Reg. Forms (No Charge)
Endocrinology Submission Forms (No Charge)
Endocrinology Listing of Normals (No Charge)

MICHIGAN STATE UNIVERSITY
VETERINARY DIAGNOSTIC
LABORATORY

Contact Lab: (517) 353-1683 M-F 7:30am-5:30pm EST

CANINE THYROID REGISTRY SUBMISSION FORM

MSU VDL Account # _____ Submitting Veterinarian _____
Clinic Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

Owner Name _____
Last First

Animal Name/ID _____

Registration No. _____
(AKC, CKC, Other)

Canine/Breed _____

Age Day Wk. Mo. Yr. Weight lb kg

Sex: M F MC FS Unknown

Date Samples Taken: _____

Sample Packaging (Date/Time) _____

Number of Tubes: _____

MSU VDL Use Only Ice No Ice USS SST S Condition: _____ Temp: _____ °F

Checks Rec'd MSU Check #: _____ Check Amount: _____ OFA Check #: _____ OFA Check Amount: _____

SUBMISSIONS ACCEPTED FROM VETERINARIANS ONLY!

On therapy other than thyroid? (product, dose, hours post-pill):

On thyroid therapy? (product, dose, hours post-pill):

Brief History:

Canine Thyroid Registry Profile (TT4, TT3, FT4-2S, FT3, T4AA, T3AA, CTSH, NSB-TGAA)

CHIC DATABANK OFA FORM: 1 OF 2

https://www.ofa.org/wp-content/uploads/2017/10/chic_dnabankapp_main.pdf

Application for DNA Repository

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):		Color:	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip		Registration number of sire:		Registration number of dam:	
Owner name:		Co-owner Name:			
Mailing address:		Owner Email:			
City:	State:	Zip/postal code:	Owner Phone:		

Upon receipt and processing of this application, the owner will receive a Sample Submission Kit depending on the option selected below.

DO NOT SUBMIT SAMPLE WITH THIS INITIAL APPLICATION.

Please fill out the health survey on the back of this form with later swab or blood submission.

Sample Submission Kit Order

- ~~Swab based Collection Kit \$5.00~~
(Includes 4 cheek swabs to be submitted, collection instructions, health survey, mailing labels)
- Blood Collection Kit \$20.00
(Includes collection instructions, health survey, mailing labels)

DNA Sample Submission Agreement

I hereby donate, assign, and transfer a DNA sample of the dog named above to the CHIC DNA Repository for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of the CHIC DNA Repository. I authorize the OFA to provide any researchers receiving a portion of this sample with all necessary information including pedigree and health history to make the sample useful. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of, the DNA sample.

Signature of owner/agent

Date

Pg 2 of 2:

**OWNER MUST
FILL OUT PAGE
2 OF THIS FORM
IN ADVANCE –
SEE FORM ON
LINE**