



## DNA SAMPLES FOR COCKER SPANIEL ITP STUDY

### What is ITP?

Immune thrombocytopenia (ITP also known as IMT) causes spontaneous bleeding and bruising because the body destroys its own normal blood platelets. This is an autoimmune disease that typically develops in adult dogs. Although Cocker Spaniels have an increased risk for ITP, the environmental and genetic causes remain unknown. Our goal is to identify immune and genetic factors that cause ITP so that we can improve disease diagnosis and treatment. Your dog's blood samples will help us accomplish these goals. Thank you for your support!

For questions, please contact: Dr. Dana LeVine [dnlevine@iastate.edu](mailto:dnlevine@iastate.edu) or Dr. Marjory Brooks [mbb9@cornell.edu](mailto:mbb9@cornell.edu)

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### What samples are needed?

**ITP affected dogs (active cases, deceased, or recovered) and aged ( $\geq 15$  years) controls**

**1. Fill in the owner, veterinarian, and dog information on page 2**

**2. Collect an EDTA blood sample (1 or 2 purple top tubes) from the affected dog  
OR**

**Indicate when a sample from this dog was submitted to the CHIC DNA or OptiGen Repository**

**3. Submit the following:**

- Completed information and consent form
- Pedigree
- EDTA blood sample or CHIC/OptiGen information

**4. For blood sample submission: Ship for next day delivery**

- Wrap tubes carefully to prevent breakage
- Ship in a Styrofoam box with a refrigerator cold pack
- Shipping address:

Comparative Coagulation Laboratory  
Attn: Dr. Marjory Brooks  
240 Farrier Road  
Ithaca, NY 14853  
PH: 607-253-3648

**5. For dogs with Canine Health Information Center (CHIC) banked or OptiGen banked DNA**

- Email or fax the contact and consent form  
 Comp\_coag@cornell.edu  
 FAX: 607-253-3471

**CONTACT INFORMATION AND CONSENT FORM FOR ITP STUDY**

OWNER	Name:	
	Address:	
	Address:	
	Email:	Phone:
<b>DOG: Cocker Spaniel</b>	Call name:	
	Registered name:	
	Current Age or DOB:	Sex:
	Age and date diagnosed with ITP:	
	CHIC/ OptiGen DNA Repository Date and/or ID	
VETERINARIAN	Name:	
	Clinic Name:	
	Clinic Address:	
	Clinic Address:	
	Email:	Phone:

**Owner's Authorization**

I authorize collection of blood samples from my dog for the purpose of DNA isolation to use in genetic studies of ITP. Samples remaining may be used for analyses of other genetic disease or breed structure of dogs. I authorize discussion and release of my dog's medical information for the purposes of confirming classification of ITP and studying risk factors and characteristics of affected dogs that influence disease onset and severity.

\_\_\_\_\_  
*(Owner Signature)*

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*(Date)*

PLEASE RETURN THIS FORM WITH SAMPLES & PEDIGREE IN A SHIPPING CONTAINER.  
 CALL DR. BROOKS AT 607-253-3648 FOR ANY QUESTIONS