

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

Application for Sebaceous Adenitis 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:			Sample collection date (month-day-year):				
Co-Owner name:			Examining veterinarian's name or veterinary hospital:				
Mailing address:			Mailing Address:				
City:		State:	Zip/postal code:		City:		
State:		Zip/postal code:		State:		Zip/postal code:	
Phone:		E-mail:		Phone:		E-mail:	

I hereby certify that the test 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 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 include this application with the sample and form requested by the reference laboratory. The OFA and the laboratory checks should be stapled to this application. **The laboratory fee is a separate charge and is determined by the laboratory.**

Veterinary Instructions

Follow the instructions to procure the sample, fill in the dermatology evaluation below, and sign where indicated.

Clinical Findings:

- Normal
- Abnormal signs
 - Hair loss
 - Pruritus
 - Scaling
 - Other _____
 - Comments _____

 Veterinarian Signature Date

Dermpathologist/Laboratory Instructions

Please complete, sign, and return to Orthopedic Foundation for Animals, 2300 E Nifong Blvd, Columbia, MO 65201-3856, **along with laboratory results.**

Date sample received: _____

Based on the results of the sample submitted, the animal at this time is considered:

- Normal
- Affected
- Subclinical
- Equivocal
- Comments _____

 Pathologist Signature Date

OFA Fees

Animals Over 12 Months

- Sebaceous Adenitis 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)

See page 2 for reference laboratories. Call the laboratory for current fees.

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

Procuring the sample:

If the dog has no clinical symptoms of SA, take a **minimum of two 6mm punch biopsy samples from the skin of the dog's back between the top of the head and the withers (see diagram)**. It is very important for the lab to have enough tissue to evaluate.

- If there are areas of scaling and hair loss, take biopsy samples from those areas.
- Do not scrub or otherwise clean the skin surface; clip gently if clipping is necessary
- A local anesthetic such as Lidocaine can be used, injected into the subcutis, not the dermis
- Use a 6mm disposable biopsy punch; do not use electrocautery
- The specimen should not be squeezed with the forceps while placing it in a leak and crush-proof container of the 10% buffered formalin
- The sites may be closed with one or two sutures

Instructions for mailing:

Include:

1. Biopsy samples
2. Completed application signed by owner (or authorized agent) and veterinarian
3. OFA Check or Money Order (must be payable in US Funds)
4. Pathologist/Laboratory Check or Money Order (consult the lab for the current fee) **See Note***



Ship to one of the dermatopathologists listed below who have agreed to a diagnostic protocol for evaluating skin biopsies for the presence of sebaceous adenitis.

Dermapathologists/Laboratories

Ann M. Hargis, DVM, MS, Diplomate ACVP

DermatoDiagnostics c/o HCS
207 N. Harkness Street, P.O. Box 770
Everson, WA 98247
(425) 775-6903
Call for fee

Maron B. Calderwood Mays, VMD, PhD, Diplomate ACVP

Florida Vet Path, Inc.
506 N. West Street
Bushnell, FL 33513
Ph: 888-669-9693, Fax: 352-569-9292
Call for fee

Brian Wilcock, DVM, PhD

21 Vardon Dr.
Guelph, ON, N1G 1W8
CANADA
Phone/FAX: 1-800-853-7284
wilcock@histovet.com
Call for fee

Yager-Best

Vita-Tech
1345 Denison Street
Markham, Ontario, Canada L3R 5V2
(416) 798-4988
800-667-3411 (North America Toll Free), FAX: 905-475-7309
www.vita-tech.com
Call for fee

Mark Carrigan, DVM, Diplomate AVCP

IDEXX-Brisbane
3 Overend St.
East Brisbane 4169
AUSTRALIA
07-3391-8500, FAX 07-3891-0702
mark-carrigan@idexx.com
Call for fee

Grant Maxie, DVM, PhD, DACVP

Animal Health Laboratory, University of Guelph
PO Box 3612
Guelph, ONT N1H 6R8
CANADA
519-824-4120 x54544, FAX 519-821-8072
gmaxie@lsd.uoguelph.ca, <http://ahl.uoguelph.ca>

***Please note** - although the OFA does not charge a fee to record abnormal SA results, or for resubmits on previously submitted clear or equivocal results, the pathologists/labs still charge to perform the evaluation. Please consult the lab for current fees.