

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 Serum Bile Acid Pilot Study  
 for Scottish Deerhounds and Yorkshire Terrier Pilot Program Only**



Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
					Other registry #:	
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			
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 is from the dog described on this application. I understand that the laboratory results will be reported back to the OFA and will become part of a confidential database maintained for research purposes only.

Signature of owner or authorized representative \_\_\_\_\_

**Veterinary Protocol**

- Withhold food from the dog being tested for at least 8 hours.
- Collect a baseline 3mL blood sample from a peripheral vein and place in a serum tube (red top without the serum separator plug) and label the tube "fasted" along with the dog's ID.
- Feed approximately three tablespoons of canned dog food such as Hills p/d.
- Two hours later collect a 2nd 3mL blood sample from a peripheral vein and place in a serum tube (red top without the serum separator plug) and label the tube "2-hour" along with the dog's ID.
- Allow each sample to clot for at least 15 minutes, and centrifuge no longer than 30 minutes after the blood is collected.
- Harvest the serum and place in a plastic tube suitable for transport.
- Each plastic tube should be labeled "fasted" and "2-hour" as appropriate, along with the dog's ID.
- The serum samples should be stored at -20 degrees C, and shipped to the GI Laboratory at Texas A&M University.
- Complete the Texas A&M University GI Lab Submission form on the back of this application prior to shipping. Remember to include two separate payments, the laboratory fee, and the OFA registration fee.

I attest that to the best of my knowledge, the sample drawn is from the animal described on this application, and that all protocols were followed correctly.  
 I DID verify tattoo/microchip on this dog     I DID NOT verify tattoo/microchip on this dog

\_\_\_\_\_  
**Veterinarian Signature**                      Specialty:  Practitioner,  Specialist                      Date

- Fees**
- OFA Registration Fee .....\$15 (make check payable to OFA)
  - Laboratory Fee for Gastrointestinal Laboratory, Texas A&M University (TAMU) call for current fee schedule, (979) 862-2861, or email gilab@cvm.tamu.edu (make checks payable to GI-Lab TAMU)

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)

**GASTROINTESTINAL LABORATORY**

Jörg M. Steiner, GI Lab, College of Vet. Med. & Biomed. Sci., 4474 TAMU, College Station, TX 77843-4474  
Telephone: (979) 862-2861 Fax: (979) 862-2864 e-mail: gilab@cvm.tamu.edu www.cvm.tamu.edu/gilab

**CLINIC DETAILS**

Veterinarian: \_\_\_\_\_  
Clinic/Hospital: Orthopedic Foundation for Animals  
Address: 2300 E Nifong Blvd  
City: Columbia State: MO ZIP: 65201  
Clinic E-mail Address: ofa@offa.org  
(E-MAILED RESULTS WILL OFTEN BE AVAILABLE SEVERAL HOURS BEFORE FAXES ARE SENT)  
Telephone: 573-442-0418 Fax: 573-875-5073  
Preferred reporting method:  E-mail  Fax  Fax & E-mail

DATE: \_\_\_\_\_  
**LABORATORY USE ONLY**  
Date Received: \_\_\_\_\_  
Accession #: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Charges: \_\_\_\_\_  
Amt. Received: \_\_\_\_\_

**PATIENT DETAILS**

Owner's Name: \_\_\_\_\_  
Animal's Name: \_\_\_\_\_  
Species (circle): Dog Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Years Sex: M F MC FS  
Your Internal Identifier: \_\_\_\_\_

**IMPORTANT NOTES**  
Most assays are species-specific; you **MUST** indicate a species in patient details.  
**SEPARATE SERUM FROM CLOT BEFORE SHIPPING**  
Both hemolysis and lipemia may interfere with test performance.

**TEST(S) ORDERED - PLEASE CHECK BOXES**

Serum Bile Acids

- Pre-feeding (1.0 mL serum, fasting) .....
- Post-feeding (1.0 mL serum, 2 hours postfeeding) .....

**Use ONLY FedEx, DHL or UPS for all shipping. Do NOT use U.S. Postal Service; this may cause delay in deliveries.**

**TOTAL CHARGES FOR THIS ANIMAL**

PAYMENT METHOD:  Check Enclosed (make payable to GI Lab - TAMU)

CUSTOMER IS RESPONSIBLE FOR ALL SHIPPING CHARGES.  
WE CANNOT ACCEPT PACKAGES MARKED "BILL RECEIVER"