

Office Use Only
APPL _____
RAD _____
CK _____



OFA—The Canine Health Information Center

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www.ofa.org

A Not-For-Profit Organization

Office Use Only

Application for Serum Bile Acid Database

A Screening Tool for Liver Shunt/MVD

Registered name (if applicable):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:		
Breed:			Gender:		Date of Birth (month-day-year):		
Perm ID number (if any): <input type="checkbox"/> Microchip or <input type="checkbox"/> Tattoo?			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:	
Phone:		Email address:		Phone:		Email address:	

I hereby certify that the sample is from the dog described on this application, and that the sample was collected in strict accordance with the protocol described below. I authorize the OFA to verify any attached laboratory reports with the issuing lab and authorize the laboratory to answer any OFA inquiries regarding this case. I understand that only normal results will result in an OFA number, and 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 or equivocal 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)

Veterinary Protocol (Valid results require strict adherence to the following protocol):

- Fasting: prior to sample collection, withhold food from the dog being tested for at least 8 hours. The fast is critical and must be adhered to. This includes no treats or chew toys.
- *OPTIONAL: This protocol only requires the post prandial sample evaluation. Your examining vet and the laboratory may recommend a pre-prandial sample to establish a baseline. In this case, collect a 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 identification information.*
- Relative to the dog's size, feed the dog a small portion of high protein canned food (avoid dry kibble).
- Wait 2 hours and collect a 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 identification information.
- Allow the sample(s) 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.
- Ship the sample(s) to the laboratory, making sure all tubes are labeled appropriately with the dog's ID and pre- or post-prandial indication ("FASTED" and "2-HOUR").
- Bile Acid test results will be accepted from IDEXX, Antech or Veterinary College Diagnostic Laboratories. Results processed within veterinary clinics will not be accepted. This is to ensure evaluation against reference ranges.
- To register results with the OFA, mail, fax or email the completed application form, along with the laboratory report and the \$15 registration fee, to the OFA. NOTE: the laboratory report must report post-prandial serum bile acid levels with measurements of umol/dL and must include the lab's specific reference ranges. Dogs with values under the lab's specific high-normal range cutoffs will be reported as NORMAL.

- | |
|---|
| <input type="checkbox"/> 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. |
| <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: Practitioner Specialist

Date _____

OFA Registration Fee \$15

Payments can be made by Visa, MasterCard, cash, check or money order (U.S. funds drawn on a U.S. bank) payable to the OFA.

Visa/MasterCard Number

Name on Card

Exp Date

CVV (security code)