

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

Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
Breed:			Sex:		Date of Birth (month-day-year):	
Color:			Registration number of sire:		Registration number of dam:	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Sample Collection Date (month-day-year):		Examining veterinarian's name or veterinary hospital:	
Owner name:			Mailing address:		City:	
Co-Owner name:			State:		Zip/postal code:	
Mailing address:			Phone:		E-mail:	
City:			State:		Zip/postal code:	
Phone:			E-mail:		City:	
State:			Zip/postal code:		Phone:	
E-mail:			City:		State:	
Zip/postal code:			E-mail:		Phone:	

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).

Veterinary Instructions

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

Clinical Findings: Normal Abnormal
 Abnormal signs: Hair loss Pruritus Scaling Other _____
 Comments _____

I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature Specialty: Practitioner, Specialist Date _____

Dermatologist/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	Kennel Rate
	Sebaceous Adenitis database..... \$15.00	Individuals submitted as a group, owned/co-owned by same person.
	Litter of 3 or more submitted together..... \$30.00	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 owner/breeder and sample procurement instructions and reference laboratories. Call the laboratory for current fees.

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

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.***

Procuring the sample:

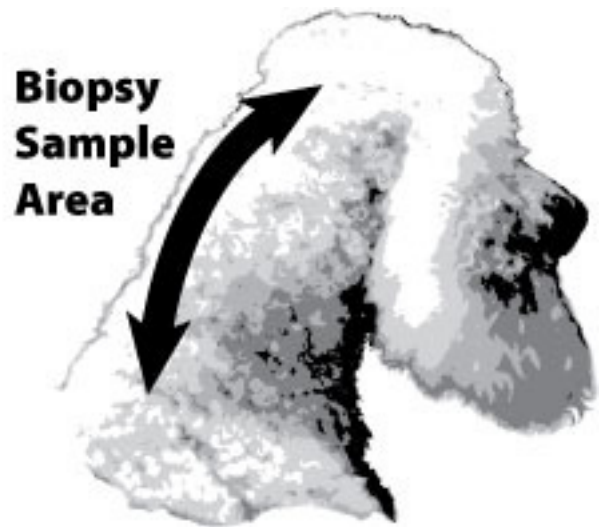
If the dog has no clinical symptoms of SA, take a **minimum of two 6mm punch biopsy samples from the skin of the dog's back between the top of the head and the withers (see diagram)**. It is very important for the lab to have enough tissue to evaluate.

- 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.

Please refer to the OFA website for current list of laboratories accepting OFA Sebaceous Adenitis skin punch biopsies

www.ofa.org/diseases/other-diseases/sebaceous-adenitis

***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.