

HISTIOCYTIC SARCOMA HEALTH UPDATE SURVEY

Greetings from the Dog Genome Project. It is that time again, when we ask you to please complete the National Institutes of Health/National Human Genome Research Institute (NIH/NHGRI) Histiocytic Sarcoma Health Update Survey. We are glad that you have continued your participation! Please read each question carefully and answer to the best of your ability. If you have more than one dog participating in the study, you will receive a separate survey for each one.

If this dog is no longer in your care, please let us know by emailing dog_genome@mail.nih.gov. If possible, include the current owner's contact information and we will ask them if they would like to continue in the study. If your participating dog has passed away since our last questionnaire, the Ostrander Lab would like to offer our condolences and thank you for participating in the Histiocytic Sarcoma Study. Please, continue to complete this questionnaire so that we have as much information about your dog as possible to include in the study. Any information you can provide in this survey would be of utmost benefit to our analysis.

Thank you for participating the Histiocytic Sarcoma Health Update Survey!

Fax: (301) 594-0023

Email: dog_genome@mail.nih.gov

Samples Manger
CGB/NHGRI/NIH
50 South Drive, Room 5347
Bethesda, MD 20892

If you have any questions please contact us by email or by phone at 301-451-9390.

Veterinary Information Release:

a) Veterinarian's name: _____

b) Name of Vet clinic/hospital: _____

c) Veterinarian's phone number: (____) _____ - _____

d) Veterinarian's Address: _____

City: _____ State: _____ Zip Code: _____

I give my consent for members of the Ostrander lab to contact the veterinarian listed above in order to obtain health records for the dog named above. These records are to remain in the Ostrander lab and will not be distributed or otherwise revealed outside of the laboratory and will be used only for canine health research purposes. Any results published will be anonymized and will not contain identifying information of dog participant or dog owner.

Signature: _____ Date: _____

***Required Fields**

1) * What is your registered dog's name: _____

a) *What is your dog's breed:

- Bernese Mountain Dog
- Flat-coated Retriever
- Scottish Terrier
- West Highland White Terrier

2) What is your dog's current age: _____

3) What is your name:

First: _____ Last: _____

Your email address: _____

4) Is your dog still living? Yes No

a) If deceased, what was the cause of death?

b) At what age did your dog pass away? _____

5) Has your dog ever been diagnosed with cancer? Yes No

a) What kind of cancer?

- | | | |
|--|---|--|
| <input type="checkbox"/> Cutaneous histiocytosis | <input type="checkbox"/> Gastric carcinoma | <input type="checkbox"/> Glioma |
| <input type="checkbox"/> Hemangiosarcoma | <input type="checkbox"/> Histiocytic sarcoma/ Malignant histiocytosis | <input type="checkbox"/> Histiocytoma |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Lung cancer | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Lipoma | <input type="checkbox"/> Malignant fibrous histiocytoma | <input type="checkbox"/> Mammary carcinoma |
| <input type="checkbox"/> Mast cell tumor | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Multiple myeloma |
| <input type="checkbox"/> Neuroblastoma | <input type="checkbox"/> Osteosarcoma | <input type="checkbox"/> Prostate cancer |
| <input type="checkbox"/> Renal carcinoma | <input type="checkbox"/> Systemic histiocytosis | <input type="checkbox"/> Soft-tissue sarcoma |
| <input type="checkbox"/> Squamous cell carcinoma | <input type="checkbox"/> Transitional cell carcinoma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't know | If other, please specify _____ | |

b) At what age was the diagnosis made? _____

c) In what organ or on what part of the body was the tumor found? _____

d) How was the cancer identified?

- Surgical biopsy with pathology
- Needle biopsy with pathology
- Necropsy with pathology
- Needle Aspirate with cytology
- Tumor removed surgically, no biopsy
- Immunohistochemistry staining
- Ultrasound
- Radiograph (X-ray)
- Blood work
- Physical examination without surgery
- Cystoscopy
- Necropsy
- Don't know

If other, please describe: _____

6) Has your dog developed any other health problems for which he/she has received treatment by a veterinarian (i.e. arthritis, diabetes, thyroid problems, lameness, infection, etc.)?

7) Is your dog currently taking medication? Yes No

If so, please list: _____

8) Is your dog on a veterinary prescribed diet, dietary supplement, and/or exercise program?

Yes No

If so, please list: _____

9) Is there anything we have not asked that you feel we should know about your dog's health?

Thank you for your participation!