TRANSITIONAL CELL CARCINOMA 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) Transitional cell carcinoma 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 Transitional cell carcinoma 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 Transitional cell carcinoma Health Update Survey!

Fax: (301) 594-0023
Email: dog_genome@mail.nih.gov

Samples Manager
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:
      Scottish Terrier
      Shetland Sheepdog
      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?
   Cutaneous histiocytosis       Gastric carcinoma       Glioma
   Hemangiosarcoma              Histiocytic sarcoma/ Malignant histiocytosis       Histiocytoma
   Leukemia                     Lung cancer                  Lymphoma
   Lipoma                       Malignant fibrous histiocytoma       Mammary carcinoma
   Mast cell tumor              Melanoma                     Multiple myeloma
   Neuroblastoma                Osteosarcoma                  Prostate cancer
   Renal carcinoma              Systemic histiocytosis          Soft-tissue sarcoma
   Squamous cell carcinoma      Transitional cell carcinoma       Other
   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
Immunohistiochemistry staining
Ultrasound
Radiograph (X-ray)
Blood work
Physical examination without surgery
Cystoscopy
Necropsy
Don't know

If other, please describe: 

6) * Has your dog had blood in his/her urine in the past year?  
   Yes No
   a) If yes, please tell us how many days it lasted, how it was treated and if the condition went away after treatment.

   ____________________________________________________________

   ____________________________________________________________

7) * Has your dog shown any of the following changes in urination patterns?

Check all that apply:
   Accidents in the house
   Asking to go outside more often than usual
   Appearing to have difficulties releasing urine when trying
   Other changes, please describe: 

   ____________________________________________________________

   a) If you answered yes to any of these, please tell us if you sought treatment for the problem, how the problem was treated, and if it was resolved after treatment.

   ____________________________________________________________

   ____________________________________________________________

8) * 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.)?

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________
9) * Is your dog currently taking medication?

Yes  No

If so, please list: ____________________________________________________________

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

Yes  No

If yes, please describe: ______________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you for your participation!