

INSTRUCTIONS FOR THE COLLECTION AND HANDLING OF  
BLOOD SAMPLES FOR VIZSLA LYMPHOSARCOMA STUDY

SAMPLE COLLECTION

- \* Fresh whole blood samples should be collected, aseptically into lavender topped EDTA Vacutainer brand evacuated blood collection tubes (Becton-Dickinson)
- \* A volume of 5-10 ml of blood is required for the test and it is therefore recommended that 7 ml or 10 ml draw tubes be used (with a maximum volume of 5-6 ml or 7-9 ml per tube respectively).
- \* IT is very important to thoroughly mix each tube of blood after drawing to ensure proper mixing with EDTA
- \* Label each tube with the appropriate sample identification information.

SAMPLE STORAGE

- \* Store all blood samples under refrigeration prior to shipping
- \* Do not freeze or process samples in any way

SHIPPING

- Ship all samples on ice packs directly to Therion International at this address:

Therion International  
36 Phila Street  
Saratoga Springs, NY 12866

Phone: 518-584-4300 Fax: 518-584-2310

- \* Wrap tubes in cushioning material to prevent breakage
- \* Samples should be sent next-day delivery. Therion will accept deliveries Monday through Friday only
- \* Please fill out the submission form provided by your registrar official and submit it with the samples, making sure the blood is labeled as being for the cancer study
- \* PLEASE CALL THERION PRIOR TO SHIPPING SAMPLES at Phone: 518-584-4300

If you have any questions, please contact Cancer Study Coordinator Sue Boggs at 815-335-3510.

VIZSLA CLUB OF AMERICA WELFARE FOUNDATION LYMPHOSARCOMA STUDY  
OVER-VIEW AND INSTRUCTIONS

This study is an investigation into the possibility of a genetic component for Lymphosarcoma in Vizslas. Funding for this project comes from private donations and seed money from the Vizsla Club of America. At the present time blood samples are being drawn and stored by the Therion Corporation until a sufficient number of samples can be obtained to go forward with the genetic research, with the ultimate goal of publishing the results of this study to benefit the future of our breed and all canines in general.

It is hoped that we may be able to combine our efforts with the work of other breed clubs or obtain additional funding from sources interested in the welfare of dogs and other animals. Reimbursement for the expense of drawing and shipping the blood is available. However, if you are able to donate the cost of these expenses to the project, it will be most appreciated and will allow us to have funds available for others who would like to participate in this study but cannot afford it.

Attached is the instruction sheet from Therion, which outlines to your veterinarian how to prepare the blood for shipment. Please ask your veterinarian to consider donating his/her services for the one-time collection of blood for this research project, which could possibly benefit all canines.

Complete the attached release form providing some basic information regarding your dog and his/her illness and submit it to Sue Boggs at the address below. This form is a release, which gives your authorization to include your dog in the cancer study. Since we are developing a "bank" of genetic information, please consider allowing your dog's sample to be included in a data base for future genetic health research.

Checklist of information to submit:

- \_\_\_\_\_ four (or more) generation pedigree
- \_\_\_\_\_ information and release form
- \_\_\_\_\_ reimbursement request form (if seeking reimbursement)
- \_\_\_\_\_ Veterinarian's written diagnosis of Lymphosarcoma with date of diagnosis

Submit the above material to Sue Boggs, 3275 Eddie Rd., Winnebago, IL. 61088  
Questions? Phone 815-335-3510 or email address [snowridg@aeroinc.net](mailto:snowridg@aeroinc.net)

- \_\_\_\_\_ blood sample & copy of info sheet sent directly to  
Therion International, 36 Phila Street, Saratoga Springs, NY 12866  
Phone: 518-584-4300 exactly as outlined in instructions.

Thank you for your participation in this important research project. While it may take several years to see results from our efforts, you and your dog have made an important contribution to the future health of Vizslas.



VIZSLA CLUB OF AMERICA WELFARE FOUNDATION LYMPHOSARCOMA STUDY  
REIMBURSEMENT REQUEST PROCEDURE  
FOR VETERINARY/LAB EXPENSES

Owners of Vizslas diagnosed by a veterinarian with Lymphosarcoma who are donating a blood sample for inclusion in the Vizsla Club Of America Welfare Foundation Lymphosarcoma Study can receive reimbursement for expenses incurred to obtain and ship the blood sample to the laboratory. This program has been funded through private donations and seed money from the Vizsla Club of America and the Magyar Vizsla Society. Your donation of payment for the shipping would be most welcome and would allow us to have funds available for others who might want to participate but cannot afford the expense. Thank you for participating in this important project.

In order to process reimbursement requests, the following must be submitted.

- 1). Requests must be submitted on the Reimbursement Request form.
- 2). The request must be accompanied by the release form with the written diagnosis from a veterinarian, confirming the diagnosis of Lymphosarcoma and the date diagnosed, and a four generation pedigree.
- 3). Copies of bills must be attached to the form, showing the date of service, type of service performed, and fee charged. The request form should indicate who the reimbursement is payable to, with a complete mailing address.
- 4). Send the above information to: Sue Boggs, 3275 Eddie Rd., Winnebago, IL. 61088  
phone 815-335-3510 or email at snowridg@aeroinc.net

REIMBURSEMENT REQUEST

Owner of Dog \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered name of dog \_\_\_\_\_ AKC reg. # \_\_\_\_\_

Receipts attached:	Type	Amount
--------------------	------	--------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Total Amount Requested (must agree with receipt total)	_____
--	-------

Make check payable to: \_\_\_\_\_

Send to address: \_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_