

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 Thyroid Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

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

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).

Instructions

Please complete, sign, and include this application with the sample and form requested by the reference laboratory. A check to OFA for \$15.00 should be stapled to this application. The laboratory fee is a separate charge and is determined by the laboratory. **The sample, application form, and fee should be sent directly to the laboratory.**

Veterinary Information

Clinical Findings:

Normal
 Abnormal signs
 Dermatologic Reproductive Lethargy
 Obesity Other _____

| |
|--|
| <input type="checkbox"/> I DID verify tattoo/microchip on this dog |
| <input type="checkbox"/> I DID NOT verify tattoo/microchip on this dog |
| Veterinarian's signature _____ |
| Date _____ |

Fees Animals Over 12 Months

Thyroid database..... \$15.00
 Litter of 3 or more submitted together..... \$30.00

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.

Reference Laboratory Instructions

See back for current laboratories available

Please complete, sign, and return to Orthopedic Foundation for Animals, 2300 E Nifong Blvd, Columbia, MO 65201-3806, **along with laboratory results.**

Based on the results of the thyroid profile which included free T4 dialysis, canine thyroid stimulating hormone and thyroglobulin autoantibodies the animal, at this time, is considered as:

- Normal
- Positive autoimmune thyroiditis
- Positive compensative autoimmune thyroiditis
- Idiopathically reduced thyroid function
- Equivocal—the OFA recommends that this animal be retested in 3 to 6 months—status uncertain for breeding

| | |
|---------------------------------|------------|
| Endocrinologist signature _____ | Date _____ |
|---------------------------------|------------|

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person. Minimum of 5 individuals \$7.50 per study

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

Affected Animals and Resubmits at No Charge

Veterinary Instructions for Submission

1. The veterinarian or owner must obtain the "Application for Thyroid Database" from the Orthopedic Foundation for Animals, Inc. (phone 573-442-0418), or online at www.offa.org.
2. The veterinarian and owner must complete their respective portions of the form.
3. Two milliliters (2 ml) of serum are needed for testing, and the serum sample must be from freshly collected blood. Use a plain "red-top" tube for blood collection. Do not use a serum separator tube with clot additives or any other type of plasma collection tube. After collection, place the blood sample in the refrigerator for 60 to 90 minutes to allow clotting. Centrifuge, collect the serum, and transfer to a plain plastic or glass tube suitable for shipping. Clearly label the sample with the owner's name, animal's identification, date of blood collection, and "OFA Thyroid Panel." If the specimen is to be stored for more than 12 hours prior to shipping, frozen storage is recommended.
4. Ship to the approved laboratory of choice via an overnight courier service. It is recommended that all specimens be packaged properly and shipped so they are received either chilled or frozen. Serum samples arriving unchilled or at room temperature within 48 hours of the collection date will be accepted. However, samples arriving after this time must be stored either chilled or frozen and arrive at the lab at room temperature or less. Contact the laboratory for further information as necessary.
5. Female dogs should not be tested during an estrus cycle. The date of last routine vaccination should be noted.
6. Please do not submit whole blood, clotted blood, or plasma.
7. Severely lipemic or hemolyzed specimens are also unacceptable.
8. Note the date of last routine vaccination on the application.
9. Test results will be mailed or faxed only to the submitting veterinarian and the Orthopedic Foundation for Animals, Inc.. Results will not be available from the laboratory by telephone. The OFA will send a report to the owner.

Thyroid Labs

The approved laboratory must be contacted for the appropriate submission forms, sample handling procedures, and laboratory service fee before collecting the sample. Currently, samples may be submitted to:

Animal Health Laboratory, Laboratory Services Division, University of Guelph, Door P2 Bldg. 49, McIntosh Lane, Guelph, Ontario, N1G 2W1, CANADA, (519) 824-4120 ext. 54501

Antech Diagnostics, 1111 Marcus Ave., Suite M28, Lake Success, NY 11042, 800-872-1001. (Only the Lake Success, NY location of Antech has been certified to process OFA thyroid panels.)

Cornell University, Diagnostic Endocrinology Laboratory, Upper Tower Rd., Ithaca, NY 14853, 607-253-3673

Endocrine Diagnostic Center, Diagnostic Center for Population & Animal Health 4125 Beaumont Road, Lansing, MI 48910, (517) 353-0621

IDEXX, 1345 Denison Street, Markham, Ont L3R 5V2, CANADA, 1-800-667-3411

Texas Veterinary Medical Diagnostic Laboratory, 1 Sippel Road, College Station, TX 77843, (979) 845-3414

University of California Veterinary Medical Teaching Hospital, Clinical Pathology, Chemistry, Room 1017, 1 Garrod Drive, Davis, CA 95616, (530) 752-7380

Note: Please contact the laboratory for information about sample collection and submission. Include OFA form and fee with submission and the lab will forward results to OFA.

Indices of thyroiditis:

- a. Free T4 (FT4)—this procedure is considered to be the "gold standard" for assessment of the thyroid's production and cellular availability of thyroxine. FT4 concentration is expected to be decreased in dogs with thyroid dysfunction due to autoimmune thyroiditis.
- b. Canine Thyroid Stimulating Hormone (cTSH)—This procedure helps determine the site of the lesion in cases of hypothyroidism. In autoimmune thyroiditis the lesion is at the level of the thyroid and the pituitary gland functions normally. The cTSH concentration is expected to be abnormally elevated in dogs with thyroid atrophy from autoimmune thyroiditis.
- c. Thyroglobulin Autoantibodies (TgAA)—This procedure is an indication of the presence of the autoimmune process in the dog's thyroid.

Certification

a. Normal

FT4 Within normal range
cTSH Within normal range
TgAA Negative

b. Positive autoimmune thyroiditis

FT4 Less than normal range
cTSH Greater than normal range
TgAA Positive

c. Positive compensative autoimmune thyroiditis

FT4 Within normal range
cTSH Greater than normal range or
 Equal to normal range
TgAA Positive

d. Idiopathically reduced thyroid function

FT4D Less than normal range
cTSH Greater than normal range
TgAA Negative

e. All other results are considered equivocal