

Canine Transmissible Venereal Tumour (TVT) Research Project

Please fill out a sheet for each case, providing as much detail as possible. Thank you for your participation!

YOUR INFORMATION

Your name: Date:

Organization: Email:

Town/Region of sampling: Country:

DOG INFORMATION

Dog name or ID: Breed: Age:

Sex: Male Female Ownership Status: Stray Owned Pregnant: Yes No Puppies: Yes No

Reproductive status: Spayed/neutered Entire When was the dog spayed/neutered?

SAMPLE INFORMATION

TVT STATUS?:

TVT INFECTED

TVT UNINFECTED (CONTROL)

Fill in this section only

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Tumour in RNAlater collected: Yes No

Tumour in formalin collected: Yes No

Host tissue in RNAlater collected: Yes No

Tissue: Gonad
 Skin
 Liver
 Blood (EDTA or heparin)
 Other

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 Skin
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Photograph taken (send by email): Yes No

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Tumour location:

Tumour description:

Tumour ulceration: Yes No

Tumour discharge: Yes No

Tumour measurements during treatment
 (please, continue on the other side of the sheet if necessary):

Date	Tumour dimensions (millimetres)	Treatment type
Example: DD/MM/YY	30mm x 18mm x 10mm	Before Vincristine treatment/ 1st Vincristine session, etc.

Please, include any other notes or comments (health status, treatment or metastasis details) on the other side of the sheet.