

Canine Transmissible Venereal Tumour (TVT) Research Project

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

YOUR INFORMATION

Your name:	<input type="text"/>	Date:	<input type="text"/>
Organization:	<input type="text"/>	Email:	<input type="text"/>
Town/Region of sampling:	<input type="text"/>	Country:	<input type="text"/>

DOG INFORMATION

Dog name or ID:	<input type="text"/>	Breed:	<input type="text"/>	Age:	<input type="text"/>
Sex: Male	<input type="checkbox"/>	Ownership Status: Stray	<input type="checkbox"/>	Pregnant: Yes	<input type="checkbox"/>
Female	<input type="checkbox"/>	Owned	<input type="checkbox"/>	No	<input type="checkbox"/>
Reproductive status: Spayed/neutered	<input type="checkbox"/>	When was the dog spayed/neutered?	<input type="text"/>		
Entire	<input type="checkbox"/>				

SAMPLE INFORMATION

TVT STATUS?:

TVT INFECTED

TVT UNINFECTED (CONTROL)

Fill in this section only

Fill in this section only

Tumour in RNAlater collected:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tumour in formalin collected:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Host tissue in RNAlater collected:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tissue:	<input type="checkbox"/>	Gonad		
	<input type="checkbox"/>	Skin		
	<input type="checkbox"/>	Liver		
	<input type="checkbox"/>	Blood (EDTA or heparin)		
	<input type="checkbox"/>	Other	<input type="text"/>	
Photograph taken (send by email):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Host tissue in RNAlater collected:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tissue:	<input type="checkbox"/>	Gonad		
	<input type="checkbox"/>	Skin		
	<input type="checkbox"/>	Liver		
	<input type="checkbox"/>	Blood (EDTA or heparin)		
	<input type="checkbox"/>	Other	<input type="text"/>	
Photograph taken (send by email):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Tumour location:	<input type="text"/>		
Tumour size:	<input type="text"/>		
Tumour description:	<input type="text"/>		
Tumour ulceration: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tumour discharge: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments (health status, treatment and metastasis details):

Please, include any other notes or comments on the other side of the sheet.