

**SUBMISSION FORM FOR LUPOID DERMATOSIS STUDY**

If you have an affected GSP, please submit a 6 mm in diameter skin biopsy in formalin and 5-10 ml of EDTA blood (purple top tube).

If you have a normal relative of an affected dog, submit 5-10 ml of EDTA blood. The sample should be sent chilled (but not frozen) overnight to:

Dr. Margret L Casal  
Section of Medical Genetics  
VHUP Room 4033  
3850 Spruce Street  
Philadelphia, PA 19104-6010  
Phone: 215-898-0029  
Fax 215-573-2162  
e-mail: casalml@mail.vet.upenn.edu

Please ship so that the samples arrive here Monday through Friday (there is no mail pick-up here on week-ends).

If you have a pedigree of your dog, please submit a copy and indicate your dog. Please provide the following information (if it is not already on the consent form):

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dog's Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Description of phenotype or reason for testing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for participating in this study!

Margret Casal