Shipping blood and tissue samples for dogs suspected of hermaphroditism
(XX true hermaphroditism, XX male, XX sex reversal, XXSR, intersex), revised 11-08

http://bakerinstitute.vet.cornell.edu/faculty/view.php?id=180

All information provided to Dr. Meyers-Wallen is kept confidential.

1. Please take a whole blood sample in EDTA (10 ml preferred, 5 ml minimum) and freeze it.
   • The frozen blood sample should be shipped in a plastic tube that will not break along with a cold pack in a foam box for overnight delivery.
   • Please include information: name of dog and breed, owner’s name, address, and phone number, veterinarian’s name and phone number.
   • Enclose pedigree in a baggie please.
   • Ship by FEDERAL EXPRESS for OVERNIGHT delivery.
   • Please CALL my office (phone # below) and leave a message BEFORE you send the sample to be sure that I will be here to receive it, as I am sometimes out of town. If the dog has already had a blood sample submitted, or you are not sure, please call/email me, as this is essential to a diagnosis.

FEDERAL EXPRESS shipping address is:
   Dr. Vicki N. Meyers-Wallen
   J.A. Baker Institute for Animal Health
   Hungerford Hill Road
   Cornell University
   Ithaca, NY 14853  USA
   ATTN: Anita Hesser / 607-256-5602 (phone number for form)

2. If the dog is already spayed and there is a pathology report (microscopic examination of the gonads), please send a copy of the report along with the pedigree and blood sample above.

If not spayed yet…
When the dog is spayed, preserve the gonads and uterus in 10% formalin/formaldehyde. The tissues can be held in formalin a few days, then put in a very small volume of formalin in a container that will not leak, packed in newspaper (or other absorbent) and mailed by UPS. (If it is a very small sample, has less than 5 ml formalin, and is secured so it will not leak, it can be sent in with the blood in the foam box by Fed Express.)

Again, please call my office and leave a message BEFORE you send the sample to be sure that I will be here to receive it, as I am sometimes out of town. All information is confidential to the owner. It is the owner’s responsibility to share results with the veterinarian, unless I have the owner’s permission to give results to the veterinarian.

UPS Shipping address is:
   Dr. Vicki N. Meyers-Wallen
   J.A. Baker Institute for Animal Health
   Hungerford Hill Road
   Cornell University
   Ithaca, NY 14853  USA
3. Notes that may be of interest to the veterinarian doing the spay:
   There should be a complete uterus and two gonads located between the caudal pole of the kidneys and the internal inguinal rings. So it should be similar to a spay procedure only a larger incision may be necessary so that the veterinarian can get a good look inside. Very frequently the gonads look (by eye) like ovaries, BUT YOU WILL NEED them examined microscopically to know whether they are ovaries, ovotestes, or testes. This is essential to the diagnosis.

4. Please fill in the CONSENT FORM below, which gives us permission from the owner to use these samples for our research.

Thank you for helping us to determine the genetic cause of this disorder.

Vicki N. Meyers-Wallen, VMD, PhD
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Dept. of Biomedical Sciences
J.A. Baker Institute for Animal Health
College of Veterinary Medicine
Cornell University
Ithaca, NY 14853 USA
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OWNER’S CONSENT v.2008
Thank you for participating in this study on canine sexual development (hermaphroditism, XX true hermaphrodite, XXSR, XX reversal, XX male, intersex). Please fill in this form completely and send it with the sample(s).

Name ______________________________________________________________________

Address____________________________________________________________________

Phone ( ) ________________________ Fax ( ) ____________________

Dog/Bitch:  Registered Name _________________________________________________

A.K.C. Registration No. _________________________ Birthdate ________________

Call Name ________________________   Breed   ___________ Sex: ________

Sire: Registered Name: _________________________________________________

A.K.C. Registration No. _______________________ Call Name:__________________

Dam: Registered Name: _________________________________________________

A.K.C. Registration No. _______________________ Call Name:__________________

I certify that I am the owner or authorized agent of the owner of the above dog, and that the accompanying sample (s) is correctly identified by the above information.
I realize that, because the sample is to be used for scientific research, test results or other information will not be available to me until the gene defect and mutation are identified, and a mutation based test is developed.
I give Dr. Meyers-Wallen at Cornell University (as below) permission to use the accompanying samples for scientific research, and I give permission to obtain pedigree information on my dog/bitch in a confidential manner.

Signed _____________________________________________ Date________________

All samples will be assigned a coded number to keep the source confidential.

Dr. V. Meyers-Wallen
James A. Baker Institute for Animal Health
College of Veterinary Medicine, Cornell University
Hungerford Hill Rd.
Ithaca, NY 14853, Telephone 607 256-5683, FAX: 607 256-5608, e-mail <vnm1@cornell.edu>