

**Office Use Only**  
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 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



**Orthopedic Foundation for Animals**

2300 E Nifong Blvd, Columbia, MO 65201-3856

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) \_\_\_\_\_

Registered name \_\_\_\_\_

Breed \_\_\_\_\_

ID number (if any)\*  Tattoo  Microchip

Registration number  AKC  CKC  Other \_\_\_\_\_

Sex \_\_\_\_\_ Color \_\_\_\_\_

Date of birth (month-day-year) \_\_\_\_\_

Registration number of sire \_\_\_\_\_ Registration number of dam \_\_\_\_\_

**\* The OFA has adopted a policy, effective January 1, 2001, acknowledging animals that have been submitted for inclusion in our databases that have permanent identification in the form of microchip or tattoo. Animals not permanently identified will continue to be evaluated; however, they will be issued a number clearly indicating that the animal has no permanent identification.**

Owner name \_\_\_\_\_

Co-owner name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Zip/postal code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of current evaluation (month-day-year) \_\_\_\_\_

Veterinarian's name or veterinary hospital \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Zip/postal code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*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 \_\_\_\_\_

\_\_\_\_\_  
 Veterinarian's signature Date

**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 65201-3856, **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

*See reverse for veterinary instructions.*

\_\_\_\_\_  
 Endocrinologist Signature Date

**Fees**

**Animals Over 12 Months**

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

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

*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](http://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 received either chilled or frozen in order to be accepted for registry testing. 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. 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:

**Endocrine Diagnostic Center, Diagnostic Center for Population & Animal Health** 4125 Beaumont Road, Room 122, Lansing, MI 48910, (517) 353-0621

**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

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

**Vita-Tech**, 1345 Denison Street, Markham, Ont L3R 5V2, CANADA, 1-800-667-3411

**New York State Animal Health Diagnostic Center**, College of Veterinary Medicine, Cornell University, Upper Tower Rd., Ithaca, NY 14853, (607) 253-3673

**Veterinary Diagnostic Laboratory**, Attn: OFA Special Handling, College of Veterinary Medicine, University of Minnesota, 1333 Gortner Ave, St. Paul, MN 55108, (612) 624-0761

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

**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.)

**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.

## 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

**e. All other results are considered equivocal**