

Genetic Analysis of Canine Histiocytic Sarcoma (Malignant Histiocytosis)

Very little is known concerning the biology of histiocytic sarcoma in the dog. This has frustrated efforts to develop more effective therapeutics for affected dogs. Therefore, we are attempting to perform an extensive investigation into the gene expression in canine histiocytic sarcoma. We intend to compare the pattern of gene expression in normal dendritic cells (the cell from which histiocytic sarcoma is derived) to that in fresh samples of histiocytic sarcoma obtained from affected dogs. In order to complete this task, it is necessary that we receive fresh frozen tissue from the tumor so that the RNA can be extracted. Therefore, it will be necessary for us to send you in advance an RNA stabilizing agent (RNA Later) in addition to dry ice prior to sample collection, as well as tubes for collection of samples. If you think that you may be able to provide tissue for this project, please contact me at the number listed below. Alternatively, you can always reach me via e-mail: calondon@ucdavis.edu. We desperately need fresh samples for this project so any help you can give us would be greatly appreciated.

Cheryl A. London, DVM, PhD
Assistant Professor
VM: Surgery and Radiology
UC Davis
2112 Tupper Hall
One Shields Ave
Davis, CA 95616
Phone: 530-754-5711
Fax: 530-752-6042

Veterinarian Name _____ Clinic _____

Address: _____

Phone _____ Fax _____ E-Mail _____

Owner Name _____ Patient Name _____

Age _____ Sex _____ Breed _____ Date of Birth _____

Biopsy diagnosis _____ (Please submit a copy of biopsy report with this form)

Anatomical location of the tumor _____

Size of tumor _____

How long was the tumor present prior to removal? _____

Please describe any clinical signs associated with the tumor:

Is this the first tumor removed from this patient? Yes No

If no, please provide additional information regarding previous tumors, including the location of each tumor, the approximate dates of removal, and any therapies other than surgery that were administered.

Did the patient have evidence of lymph node or distant metastasis at the time of tumor removal?
Yes No

If yes, please provide additional information with regard to the location of and extent of metastatic disease

Is this patient currently undergoing chemotherapy or radiation therapy? Yes No

If yes, please provide details regarding the current therapeutic protocol.

If the patient has a history of other disease processes, please describe below.