

Hereditary evaluation of spina bifida and cleft palate in brachycephalic breeds of dog

Dr. Alison N. Starr
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Dr. Keith E. Murphy

Informed Owner Consent Form

1. Purpose of the project

The purpose of the study is to evaluate the genetics of closure defects, specifically, spina bifida and cleft palate, in brachycephalic breeds of dog.

2. Eligibility for participation

Any dog of pure-bred brachycephalic breeds (*e.g.*, Bulldog, Boston Terrier, Boxer, French Bulldog) that are known to be at risk for closure defects are eligible for participation.

3. Expected duration of participation

Participation involves a single outpatient visit to a local veterinarian. Evaluation of the dog during this visit will take less than one hour for the completion of the physical examination and sample collection.

4. Description of Procedure

All dogs should have a physical examination performed and blood will be collected for DNA analysis. A small volume of blood (approximately 2 teaspoons) will be collected from a superficial vein from each dog.

5. Possible discomforts and risks

Some slight discomfort may be experienced during the blood collection procedure. This is a temporary discomfort and should not be a problem after the procedure is complete. Bruising and hematomas may also occur during the blood collection procedure. Any bruises and hematomas that develop should resolve on their own with time and require no treatment.

6. Possible benefits of study

No immediate direct benefit will be provided to the dogs.

7. Alternative diagnostics, procedures, or treatments

Physical exams are available on a fee-for-service basis.

8. Confidentiality

Owner and patient confidentiality will be maintained. No identification of individuals shall be made when reporting or publishing the data arising from this study.

Date _____

Owner/agent initials _____

9. Financial obligations

There are no financial obligations by the owner to Clemson University or the Greenwood Genetic Center for participation in this study.

10. Compensation or therapy for accidental injury or complications

The owner of any participating animal will be financially responsible for costs associated with the treatment of complications or accidental injuries associated with this study.

11. Primary contact person(s)

To obtain further information regarding this study contact:

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12. Voluntary participation and right to withdraw

Participation in this study is voluntary, and refusal to participate involves no penalty or loss of care to which the patient is otherwise entitled. Participants have the right to withdraw from the study without penalty at any time and for any reason.

13. Termination of participation by principal investigator(s)

The investigator(s), Drs. Starr, Collins, and Murphy have the right to terminate the study for any or all participants at any time and for any reason.

14. Unforeseen risks

Unforeseen risks might arise at any time during the study. The investigator(s) will promptly inform owners of all animals enrolled in this project of any new information that may affect their willingness to participate.

Date _____

Owner/agent initials _____

INFORMED OWNER CONSENT

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I, _____ (name), of

_____ (address)

_____ (City, Zip)

hereby consent to the participation of the following animal in the study cited above. I certify that I am the legal owner (or agent of the owner) of, and am responsible for, this animal. I have read, received a copy, and understand the Informed Owner Consent Form.

Animal Details

Name: _____

Breed: _____

DOB: _____

Signature of Owner or Agent: _____ Date: _____

Witness: _____ Date: _____

I have received a copy of the consent form

Date _____

Owner/agent initials _____