

CONSENT FORM FOR USE OF DOG DNA SAMPLE IN RESEARCH

Professor Kim Summers at the Roslin Institute, University of Edinburgh is collecting blood and buccal samples from dogs for the purposes of identification of genetic diseases in dogs. Development of DNA based tests for carriers of disease genes will allow breeding from lines known to carry the disease gene and then selection of disease-free progeny for future breeding without passing on the disease gene.

DNA will be extracted from the samples and stored at the Roslin Institute. The major diseases under study are the pre-disposition to glaucoma and glaucoma. The samples may be used in the study of other diseases if the research is extended in the future unless specific instructions are given to the contrary. All samples will be coded on arrival. Further information about this research can be obtained by contacting Professor Summers (see below for contact details)

We cannot and do not guarantee or promise that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with the sample will remain confidential, except where required by law or with your permission.

We plan to discuss/publish information obtained in the study only in the form of group data, where no identification of the individual is possible. Individual disease test results will be provided to you when available. They will not be released without your permission.

If you agree to submitting a sample for this research under these conditions please fill in and sign the statement below and return it with the sample, sample and pedigree information.

Professor Kim Summers

The Roslin Institute
University of Edinburgh
Easter Bush
Midlothian EH25 9RG
United Kingdom

CONSENT FORM

I,
(name)

of

.....

.....

(address)

agree to the use of the sample from

.....

(registered name of dog)

in the research into genetic diseases in dogs as set out above.

I do not agree/ also agree* to the sample being used in studies other than Glaucoma

(* delete one)

I declare that I am the owner of the dog or have authority from the owner to make this declaration on their behalf.

Signature.....

Date

Complaints concerning this research project may be directed to the Chair of the Veterinary Ethics Research Committee of the Royal (Dick) School of Veterinary Studies, University of Edinburgh (anne.french@ed.ac.uk). Any complaint that you make will be treated in confidence and investigated, and you will be informed of the outcome.

DECLARATION BY WITNESS OF IDENTIFICATION

I confirm that the sample (as indicated on previous page) is from the animal stated as confirmed by me by microchip number / tattoo / other (please specify)

Name _____ Signature _____

Position _____ (eg veterinarian, Club committee member)

Dog's registered name _____ Date of birth _____

Microchip number _____

Registration number _____

Call name/pet name _____ Sex _____

Pedigree details (complete or attach printed pedigree)

Paternal grandsire _____

Sire _____ Registration number _____

Paternal granddam _____

Maternal grandsire _____

Dam _____ Registration number _____

Maternal granddam _____

There is no charge for samples submitted for research programmes.

The preferred sample for research is 5 ml blood in EDTA tube. Tubes should be wrapped in absorbent material and placed inside a leak-proof container. Blood on FTA cards and cheek swabs is also useful but provides less material.

Mail form, pedigree and sample information to:

Kim Summers

The Roslin Institute

University of Edinburgh

Easter Bush

Midlothian EH25 9RG

United Kingdom

WITHDRAWAL OF CONSENT

If at any time you wish to withdraw the sample from the study you are entitled to do so without prejudicing your future relations with the University of Edinburgh. To withdraw from the study complete and return the form below.

(Keep a copy of this form and if you wish to remove the sample from the study fill in this part of the form and return it.)

I hereby wish to WITHDRAW my consent to participate in the research on genetic diseases in dogs by Professor Summers and understand that such withdrawal WILL NOT jeopardise any treatment by or my relationship with the University of Edinburgh.

Signature

Date

Please PRINT name Sample Name.....

The Revocation of Consent should be forwarded to:

Professor Kim Summers
The Roslin Institute
University of Edinburgh
Easter Bush
Midlothian EH25 9RG
United Kingdom