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

Dr. Alison N. Starr
Dr. Julianne S. Collins
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:
   Dr. Alison N. Starr
   Clemson University, Department of Genetics and Biochemistry
   Clemson, SC 29634-0318
   (864) 656-0191
   astarr@clemson.edu

   Dr. Julianne S. Collins
   Greenwood Genetic Center, JC Self Research Institute of Human Genetics
   Clemson University, Department of Genetics and Biochemistry (Adjunct)
   Greenwood, SC 29646
   (864) 388-1737
   julianne@ggc.org

   Dr. Keith E. Murphy
   Clemson University, Department of Genetics and Biochemistry
   Clemson, SC 29634-0318
   (864) 656-3586
   kmurph2@clemson.edu

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 _________