

RESEARCH CONSENT FORM

Study title: “DNA sample collection to study dog breed differences in drug response”

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Purpose of this form

We would like to include your dog in an on-going research study designed to determine the genetic causes of adverse drug reactions. You are being asked to participate because the breed of your dog is thought to more commonly experience certain adverse drug reactions. Understanding the causes may help prevent adverse drug reactions in your dog and in other dogs. The purpose of this form is to provide information to help you decide whether you want your dog to be included in this study.

You can ask questions about the purpose of the study, the possible risks and benefits, and anything else about the research that is not clear. When all of your questions have been answered, you can decide if you want your pet to be included in the study. There is no obligation for your dog to participate in the study.

Study Information

What is the purpose of this study?

- The purpose of this study is to identify genetic causes of adverse drug reactions that are thought to occur more frequently in certain dog breeds.
- This study can provide valuable information to help prevent adverse drug reactions by identifying genes that may make certain patients more susceptible to adverse drug reactions.
- The long term goal of the study is to prevent adverse drug reactions in dogs by using genetic testing to identify patients at risk for adverse drug reactions. These patients could then be treated with a different drug dose or a different type of drug.

What is the cost of the study?

- You will incur no costs associated with the study other than what your veterinarian might charge for blood sample collection and the cost of shipping the samples (blood or cheek swab) to the laboratory. There is no compensation for participating in this study.

What does study enrollment entail?

- Enrolling your dog/s in this study is voluntary and you can withdraw permission at any time. It is also possible for the investigator(s) to withdraw your dog from the study if the investigators find it necessary. If your dog is withdrawn from the study for any reason, data already collected may continue to be used for research purposes.
- Your dog/s will not be treated differently if you decline to participate in the study. Your decision to participate, not participate, or withdraw your dog from the study will not affect your relationship with WSU or any other treatment your dog/s is receiving.
- Enrollment in the study will include the following procedures:
 - Two DNA collection brushes will be gently twirled on the inside of each of your dog’s mouth cheeks to collect cells that contain your dog’s DNA.
 - DNA may also be obtained by collecting a small amount of blood (1/2 to 1 teaspoon) from the leg or neck vein of your dog using a needle and syringe.
 - The DNA will be stored in the laboratory for future studies that may have a different purpose than the current study

Are there any risks associated with this procedure?

- There is the potential for minor abrasion of the dog's gums or cheek membrane.
- If blood is collected from a vein there is a small risk of blood leaking under the skin that may require application of a small pressure bandage.

Participant's Statement

This study has been explained to me. I agree that my dog/s can take part in this research. I have had a chance to ask general questions about the research, with the researcher listed above. If I have additional concerns, I can contact Dr Court at (509) 335-0817 or michael.court@wsu.edu. This study has been reviewed and approved by the WSU IACUC for using client owned animals for research (Study #6714; approved on 11-21-2021). I will receive a copy of this consent form. I certify that I am the legal owner or custodian of the dog and have the authority to consent to medical treatment for this dog.

Study Participant's Signature: _____

Study Participant's Name: _____ **Date:** _____

Please provide contact information so the results of your dog's analysis can be sent to you:

Email: _____

Phone number: _____

Address: _____

Dog/s information - please ensure dog's name is also written on the DNA brush packet

Call Name: Registered name: Breed: Sex: Age(yr): AKC# or other ID: Parents registered names:	Call Name: Registered name: Breed: Sex: Age(yr): AKC# or other ID: Parents registered names:
Call Name: Registered name: Breed: Sex: Age(yr): AKC# or other ID: Parents registered names:	Call Name: Registered name: Breed: Sex: Age(yr): AKC# or other ID: Parents registered names:

Greyhounds only: Retired racer/s? _____ AKC show dog/s? _____ Don't know? _____

DOG'S NAME: _____

Anesthesia/sedation:

Has your dog been anesthetized/sedated before (Y/N)? _____

If yes, describe the purpose and give the anesthesia/sedative drugs that were used:

Was there a problem with:

Excessive sedation (Y/N)? _____

If yes, describe: _____

Slow anesthesia/sedation recovery (Y/N)? _____

If yes, describe: _____

Increased body temperature (malignant/stress hyperthermia) (Y/N)? _____

If yes, describe: _____

Postoperative bleeding:

Has your dog had surgery before (Y/N)? _____

If yes - what procedure was done? _____

Was your dog treated with aminocaproic acid or tranexamic acid before and/or after the surgery (Y/N)? _____

Was there a problem with excessive bleeding/bruising that started after surgery (Y/N)? _____

If yes, describe: _____

Factor VII deficiency status of your dog (if known): _____ (Clear/Carrier/Affected)