

INFORMED OWNER CONSENT FORM

Identification of a genetic marker for hypertriglyceridemia in Miniature Schnauzers

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1. Purpose of the project

The purpose of this study is to identify a genetic marker for hypertriglyceridemia (high levels of fat in the blood) in Miniature Schnauzers.

2. Eligibility for participation

Healthy Miniature Schnauzers that are registered with the American Kennel Club and have a pedigree are eligible to participate in the present study.

3. Expected duration of participation

Each animal will participate on a one time basis. The procedure outlined in the following paragraph will take about 5 minutes.

4. Description of Procedure

Each animal participating in this study will have a blood sample drawn by venipuncture of a superficial vein. A volume of no more than 10 ml (about 1 tablespoon) will be collected from each dog.

5. Possible discomforts and risks

The blood collection is only associated with mild discomfort and a small risk of minor bleeding and/or bruising at the venipuncture site. Bruising of the venipuncture site may persist for a few days but is not associated with any discomfort in most cases.

6. Possible benefits of study

Participation in this study will not provide any direct medical benefits for the participating pet.

7. Alternative diagnostic, procedures, or treatments

None.

8. Confidentiality

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

9. Financial obligations

Date _____

Owner/agent initials _____

There are no financial obligations by the owner to Texas A&M University 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 persons

To obtain further information regarding this study contact:

Dr. Panagiotis G. Xenoulis
Department of Small Animal Clinical Sciences
Texas A&M University
College Station, TX, 77843-4474
Phone: 979-458-3303

or

Dr. Jörg Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
College Station, TX, 77843-4474
Phone: 979-862-4046

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 investigators

The investigators, Drs. Xenoulis, Bishop, Suchodolski, and Steiner, 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 investigators will promptly inform owners of all animals enrolled in this project of any new information that may affect their willingness to participate.

15. Clinical Research Review Committee Contact Person

This research has been reviewed and approved by the Clinical Research Review Committee of the Texas Veterinary Medical Center. If questions arise regarding your rights as a participant, the Clinical Research Review Committee Contact Person listed below may be contacted:

Dr. Garry Adams
Associate Dean for Research

Date _____

Owner/agent initials _____

College of Veterinary Medicine & Biomedical Sciences
Texas A&M University
College Station, TX 77843-4461
979-845-5092

Date _____

Owner/agent initials _____

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Panagiotis G. Xenoulis, DVM, Dr.med.vet.

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: _____

Species: _____

Date of birth: _____

Signature of Owner or Agent: _____ Date: _____

Signature of Investigator: _____ Date: _____

Witness: _____ Date: _____

I have received a copy of the consent form

Date _____

Owner/agent initials _____