

**PROVIDENCE COLLEGE DEPARTMENT OF BIOLOGY
OWNER INFORMED CONSENT FORM**

Study Title: Canine genomics and the identification of breed-specific disorders through molecular markers

Principal Investigator: Elisabeth Arévalo, PhD

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<http://www.providence.edu/biology/Pages/arevalo.aspx>

You are being invited to have your pet participate in a research study. Your participation is voluntary which means you can choose whether or not you want to participate. Before giving your consent to your pet's participation, please read the following, ask questions as needed to understand what your participation involves, and sign and date the statement at the end of this document.

What is the purpose of this research study? The purpose of this study is to compile a Hovawart DNA database in order to better understand the recent evolution of the breed and the inheritance of specific traits.

What am I being asked to do? Owners of adult dogs are being asked to provide either cells from the lining of the cheek from the dog or alternatively, a blood sample drawn by your pet's veterinarian. Owners (typically breeders) of puppies are being asked to provide blood samples, usually collected when the puppies first visit a veterinarian for microchipping and vaccinations prior to moving to new homes (ideally, blood samples should be taken from all puppies in the litter.) All pet owners will consent to the investigator's use of the blood or cheek brush swab as a source of DNA.

What are the possible risks or discomforts to my pet? The study requires that when blood is collected from your pet, up to 3 mL (less than a tablespoon) of blood will be drawn. You will choose the veterinarian who will perform this procedure, and will not hold Providence College responsible for any complications associated with drawing the blood. DNA will be isolated from the blood. The risk involved in drawing blood is minimal and is less invasive than microchipping and vaccination. However, your dog may experience mild redness or bruising at the collection site. Owners of adult dogs will perform the cheek swabs on their own pets; there are no associated risks to the animal for this procedure.

What are the possible benefits of the study for my pet? Your pet will not benefit directly from this study; however, DNA sequence information obtained from your pet will become part of a large database that may provide investigators with a better understanding of inherited traits and, ultimately, this may influence future breeding practices.

Will I have to pay for anything? There is no fee for participating in this study. Dr. Arévalo will cover shipping costs and veterinarian's fees for the blood collection.

Who can see or use my pet's information? How will my personal information be protected? Samples collected from your pet will be given an identifier known only to the principal investigator. If data from this study is published or presented at scientific meetings, you and your pet's name and any other identifiable information will not be used.

Who can I call with questions, complaints or if I'm concerned about this research? Contact Dr. Arévalo directly at 401-865-2158 with any questions. If you have questions, concerns or complaints regarding your pet's participation in this research study and you would like to speak to someone other than those working on the study, you may contact the Providence College Institutional Animal Care and Use Committee administrative assistant at 401-865-2435.

When you sign this form, you are agreeing to have your pet take part in this research study. This means that you have read the consent form, your questions have been answered, and you have decided to volunteer your pet. Your signature also means that you are permitting Providence College to collect DNA for research purposes within our institution. Your signature also confirms that you are over 18 years of age and the legal owner or authorized agent of this pet.

The DNA from your pet will not be used for the development of commercially available diagnostic markers or medical or surgical treatments.

After signing, please make a copy of this consent form for your own records and enclose the original with the sample shipment.

Owner/Agent (Please Print)

Signature of owner/agent

Date

Pet's Registered Name: _____

Chip #: _____ Date of birth: _____ Sex (circle): **M / F** Intact / neutered at _____ (age)

Please submit signed this form and samples according to the following instructions:

SAMPLE SUBMISSION-Instructions for Veterinarians and Owners/Shipping Instructions

Dog Genomics Study at Providence College

Thank you for participating in this study, which requires a DNA sample (either in the form of blood or cheek swab) from your pet/patient. The blood and cheek swabs supplied by you will be used to understand patterns of inheritance in dogs and to develop genetic approaches for future breeding practices. This will allow breeders to make breeding choices that can eliminate non-desirable traits from the breed.

Cheek samples: Dr. Arévalo will instruct you in the method of the cheek swab collection. Owners will swab their own pets and give the cheek swab sample to Dr. Arévalo, who will package the sample and transport it back to her laboratory at no cost to the owner.

Blood samples: Veterinarians: Please provide ~ 1-3 mL of whole blood in purple-topped (EDTA) blood tubes. Tubes should be rocked gently to distribute anticoagulant; do NOT centrifuge. Plastic tubes are preferred but glass tubes are acceptable. If EDTA is unavailable as the anticoagulant, heparin may be substituted. Refrigerate samples until shipped. Tubes should be wrapped in absorbent material (paper towels or newspaper) and then double-bagged using zip-lock bags.

Label sample and include appropriate forms: Please label the tubes with the puppy's full kennel name and HCNA registration number. Include the completed and signed **Owner Informed Consent Form**.

Shipping: Place samples in a small, insulated container, and include one or more frozen cold packs (do not use ice). Shipping by Priority Mail is recommended. Samples shipped with freezer packs will be good for up to ten days in most cases.

Please send samples to: Dr. Elisabeth Arévalo
Department of Biology
Providence College
One Cunningham Square
Providence RI 02918