

Genome-wide association mapping study of dermatomyositis

Dr. Leigh Anne Clark
Rooksana E. Noorai

Informed Owner Consent Form

1. Purpose of the project

The purpose of the study is to identify the gene(s) responsible for dermatomyositis (DM). DM is a devastating dermatologic condition that most commonly affects the skin and/or muscles of collies and Shetland sheepdogs.

2. Eligibility for participation

All dogs that have been diagnosed with DM and have a positive biopsy report or are known to be normal (*i.e.*, from a family of dogs that have never presented with DM) are eligible for participation.

3. Expected duration of participation

Participation involves a single outpatient visit to a local veterinarian. This visit should take less than one hour for sample collection. All blood samples must be kept refrigerated or on ice post-collection and during shipping.

4. Description of Procedure

All dogs will have blood collected for DNA analysis. A purple top/EDTA tube must be used to collect the whole blood. 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 will 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. Shipping information

An account number will be provided to cover the cost of shipping. Collected samples should be mailed standard overnight (to arrive during normal business hours) to:

Dr. Leigh Anne Clark
Clemson University
51 New Cherry Road
319 Biosystems Research Complex
Clemson, SC 29634
864-656-4696

Date _____

Owner/agent initials _____

7. Possible benefits of study

No direct benefit will be provided to the dogs.

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.

9. Financial obligations

There are no financial obligations by the owner to Clemson 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 person(s)

To obtain further information regarding this study contact:

Dr. Leigh Anne Clark (Principal Investigator)
Clemson University
Department of Genetics and Biochemistry
Clemson, SC 29634-0318
(864) 656-4696

Rooksana E. Noorai
Clemson University
Department of Genetics and Biochemistry
Clemson, SC 29634-0318
(864) 656-0872

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, Dr. Leigh Anne Clark, has the right to terminate the study for any or all participants at any time and for any reason.

Date _____

Owner/agent initials _____

INFORMED OWNER CONSENT

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I, _____ (name), of

_____ (address)
_____ (city, state, zip)
_____ (phone number)
_____ (email address)

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. By my signed consent, I understand that this blood sample becomes property of the Clemson canine genetics research laboratory and may be used in future studies at the discretion of the investigators.

Animal Details

Registered name: _____

AKC No.: _____

Call name: _____

Breed: _____

DOB: _____

Signature of Owner or Agent: _____ Date: _____

Witness: _____ Date: _____

I have received a copy of the consent form
