

Investigation of intervertebral disc disease in German shepherd dogs

Dr. Leigh Anne Clark

Caitlin Rinz

Informed Owner Consent Form

1. Purpose of the project

The purpose of the study is to identify the gene(s) responsible for intervertebral disc disease (IVDD). IVDD is a degenerative disease that results in damage to the intervertebral discs and causes limb paralysis. German shepherd dogs have an increased risk for IVDD.

2. Eligibility for participation

All German shepherd dogs, including white shepherds, white German shepherd dogs, berger blanc Suisse/white Swiss shepherds, and colored German shepherd dogs, 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 (about 3mL; less than 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. Possible benefits of study

No direct benefit will be provided to the dogs.

7. Alternative diagnostics, procedures, or treatments

None.

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, Canine Genetics Lab
Department of Genetics and Biochemistry
Clemson, SC 29634-0318
864-656-4696

Caitlin Rinz
Clemson University, Canine Genetics Lab
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(s), Dr. Leigh Anne Clark and Caitlin Rinz, 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.

15. Shipping information

Collected samples should be mailed standard overnight (to arrive during normal business hours) to:

Dr. Leigh Anne Clark
Clemson University
105 Collings Street
319 Biosystems Research Complex
Clemson, SC 29634-0318
864-656-4696

INFORMED OWNER CONSENT

Investigation of intervertebral disc disease in German shepherd dogs

I, _____ (name), of

_____ (address)
_____ (City, zip code)
_____ (email address)

hereby consent to the participation of the following animal in the study “Investigation of intervertebral disc disease in German Shepherd dogs.” 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 (CCGR) laboratory and may be used in future studies at the discretion of the investigators.

Dog Information (Please include pedigree with submission if available.)

Sex: M F Birthdate: _____
Registered Name: _____
Call Name: _____
Sire: _____
Dam: _____

Has this dog been diagnosed with IVDD? N Y
If yes, please provide the name of the diagnosing veterinarian:

If yes, how was the dog diagnosed? _____

If yes, how old was the dog when diagnosed? _____

Have any relatives of this dog been diagnosed with IVDD? N Y Unknown
If yes, please indicate those relationships:

Signature of Owner or Agent: _____ Date: _____

Witness: _____ Date: _____

All information obtained in this study will be kept confidential by CCGR

Any questions about this study should be directed to Dr. Leigh Anne Clark
(lclark4@clemson.edu) or Caitlin Rinz (crinz@g.clemson.edu).