



Patient Participation in Clinical Research

You have been invited by Dr. Alice Moon-Fanelli and Dr. Nicholas Dodman to have your Bull Terrier participate in the establishment of a DNA bank for the study of compulsive tail chasing which we believe may improve the understanding of this debilitating condition in the breed. To conduct the research to identify the defective gene causing compulsive tail chasing in Bull Terriers, we will need DNA from many normal, carrier and affected dogs. DNA will be isolated from a blood sample collected from your dog. Blood collection carries some minor risks including bleeding at the venipuncture site and the potential for hematoma formation, both of which can be controlled by local pressure. The blood you are donating is for preliminary research to search for the defective gene. There is no expectation that donating blood will allow you to determine the genetic status of your dog concerning tail chasing. If a test for carriers is developed in the future, it is probable that you will have to donate a new sample for a diagnostic test.

Your dog's active participation in what is often called "clinical research" is one of the principal means by which veterinarians and researchers can assess the benefits of newly developed diagnostic and treatment modalities.

The clinical research which you have been invited to participate in has been carefully reviewed and approved by a federally mandated committee* of scientists and non-scientists who ensure that your dog's well-being is the foremost concern of your veterinarian and that your dog's participation will not predispose him/her to any unalleviated stress or pain.

Only blood samples with completed forms sent to Dr. Moon-Fanelli will be used for this research. Please fill in all the requested information on the forms. Return the completed forms to Dr. Alice Moon-Fanelli, Tufts University School of Veterinary Medicine, Dept. of Clinical Sciences, 200

Westboro Rd., North Grafton MA 01536

The identity of all owners/breeders participating in this study will be strictly confidential. All participants will be assigned a code number by which they will be identified. The submitted behavioral and medical records will be maintained separately from hospital files to ensure confidentiality of all participants.

If you are interested in participating, please review and sign the attached consent form. It clarifies your rights as the legal owner of your dog and explains the liabilities associated with your decision to participate in our study.

Name of Dog:

Sex:

Name of Owner:

Address of Owner:

Phone Number of Owner:

Name and Address of Veterinarian:

Phone Number of Veterinarian:

I certify that the blood submitted is from the dog listed on this submission form:

Owner (or agent)

Date:

I have witnessed the signature of the above:

Veterinarian or Witness:

Date:

Tufts University thanks you for considering this invitation.

* Institutional Animal Care and Use Committee

Patient Participation in Clinical

Form

Research - Owner Consent

Study Title: ..Bull Terrier Families Affected with Compulsive Tail Chasing Behavior: Behavioral Diagnosis, Pedigree Collection and DNA Isolation for Future Genetic Mapping Studies.....

I, of, am the legal owner of, a year-old

I do hereby give my consent to have participate in a clinical research study being conducted by Dr. Alice Moon-Fanelli.

I understand that this study is collecting blood for DNA isolation from tail chasing Bull Terriers and their relatives.

I understand that my animal's participation in this study is voluntary.

I understand that I can refuse to have my animal participate in this study. A refusal or withdrawal will not adversely effect any future care.

I understand that my animal's participation in this study may not alleviate or cure his/her ailment.

I understand that no funds are available to provide financial compensation for my animal's participation in the study.

I understand that in the event of a complication arising from my animal's participation in the study, medical or surgical care will be provided. However, I will remain financially liable for the cost of such care.

I understand that Tufts University will not be held liable for any unforeseen events arising from this study.

I have had the goals and anticipated risks and benefits of the study fully explained to me and I have had all my questions regarding my animal's participation satisfactorily answered.

I have retained a signed copy of this statement.

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Owner

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Date

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Witness

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Date