

# **Hereditary evaluation of Legg-Calve-Perthes Disease in toy and miniature dog breeds including Schipperkes**

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Dr. Alison Starr

Dr. Kate Tsai

## **Informed Owner Consent Form**

### **1. Purpose of the project**

The purpose of the study is to evaluate the genetics of an orthopedic disorder afflicting toy and miniature breeds of dog, LCPD (Legg-Calve-Perthes Disease).

### **2. Eligibility for participation**

Any dog of pure-bred toy and miniature breeds that are known to be at risk of LCPD are eligible for participation.

### **3. Expected duration of participation**

Participation involves a single outpatient visit to a local veterinarian. Evaluation of the dog during this visit will take less than one hour for the completion of the physical examination and sample collection.

### **4. Description of Procedure**

All dogs will have a physical examination performed and blood will be collected for DNA analysis. 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 should 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**

Physical exams or additional diagnostics, procedures, or treatments are available on a fee-for-service basis.

### **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.

Date \_\_\_\_\_

Owner/agent initials \_\_\_\_\_

**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. Keith Murphy  
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(864) 656-0191

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**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), Drs. Murphy, Starr, and Tsai 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.

Date \_\_\_\_\_

Owner/agent initials \_\_\_\_\_

# INFORMED OWNER CONSENT

## Hereditary evaluation of Legg-Calve-Perthes Disease in toy and miniature dog breeds

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

### Animal Details

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

DOB: \_\_\_\_\_

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 \_\_\_\_\_