Informed Owner Consent Form

Characterization of Kidney Disease in Dalmatians

Rachel Cianciolo, DVM, PhD, DACVP (Anatomic Pathology)
Mary Nabity, DVM, PhD, DACVP (Clinical Pathology)

1. **Purpose of the project**
   The purpose of this project is to characterize the most common type(s) of kidney disease in Dalmatian dogs in order to identify a possible genetic cause of the disease.

2. **Eligibility for participation**
   Any Dalmatian diagnosed with kidney disease, along with its close relatives, is eligible for participation.

3. **Expected duration of participation**
   Your dog will participate in this study on one occasion at either your regular veterinary office or a specialty veterinary practice. This visit may take approximately one hour.

4. **Description of Procedure**
   Urine and blood will be collected by a veterinarian or veterinary technician using minimal restraint. This will take approximately 5-10 minutes. For the blood sample, approximately 10 ml (about 2 teaspoons) will be obtained from a superficial vein using a needle and syringe. Approximately 10-15 ml (about 2-3 teaspoons) of urine will be collected from a voided sample (free catch), by cystocentesis (placing a needle through the skin into the dog's bladder), or using a catheter inserted into the urethra. Both blood and urine will be used for diagnostic testing, and DNA will also be isolated from the blood for genetic analysis in order to detect possible mutations that are causing the disease.

5. **Possible discomforts and risks**
   Blood collection: A small amount of swelling and bruising may occur at the site of blood collection. If this were to occur, it would most likely resolve within 24 hours. Occasionally, a small amount of hair must be shaved and, in very rare cases, the fur does not grow back or if it does grow back it has a different color.

   Urine collection: Cystocentesis or catheter collection of urine may cause irritation of the bladder and a need to urinate frequently for about a day after the procedure. Bladder infections can occur on occasion after these procedures. In rare instances, low blood pressure or loss of blood can occur with cystocentesis and may very rarely result in death.

6. **Possible benefits of study**
   Your dog will receive no direct benefits from participation in this study.

7. **Alternative diagnostics, procedures, or treatments**
   Tests for kidney disease using blood and urine samples 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.

Initials: _____ Date: _____

9. Financial obligations

Collection and evaluation of the blood and urine samples will be performed at no charge. In addition, if your veterinarian collects a kidney biopsy sample for diagnostic purposes, the biopsy sample will also be evaluated at no charge; however, your veterinarian may charge for the cost of collecting the biopsy. The owner remains financially responsible for all other costs associated with the diagnosis and treatment of the dog's condition.

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 persons

To obtain further information regarding this study contact:

Dr. Rachel Cianciolo
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College Station, TX 77843-4474
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Phone: 979-845-9180

12. Voluntary participation and right to withdraw

Enrolling your dog for participation in this study is voluntary, and refusal to participate involves no penalty or loss of care to which the patient is otherwise entitled. Owners have the right to withdraw their dog from the study without penalty at any time and for any reason.

13. Termination of participation by principal investigators

The investigators 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 investigators will promptly inform owners of all animals enrolled in this project of any new information that may affect their willingness to participate.

Initials: _____ Date: _____

15. Clinical Research Review Committee Contact Person

This research has been reviewed and approved by the Clinical Research Review Committee of the Texas Veterinary Medical Center. If questions arise regarding your rights as a participant, the Clinical Research Review Committee Contact Person listed below may be contacted:

Dr. Robert Burghardt
Associate Dean for Research & Graduate Studies College of
Veterinary Medicine & Biomedical Sciences Texas A&M
University
College Station, TX 77843-4461
979-845-5092

Initials: _____ Date: _____

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I,_____(name), of

_____(address)

_____(City, Zip)

hereby consent to the participation of the following animal in the study of 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 I understand the Informed Owner Consent Form.

Animal Details

Name: _____

Breed: _____

Age: _____

Signature of Owner or Agent: _____Date:_____

Signature of Investigator: _____Date:_____

Witness: _____Date:_____

I have received a copy of the consent form

_____