



CANINE HEREDITARY CANCER CONSORTIUM

OWNER CONSENT FORM V 7.2



Van Andel Research Institute®

OWNER INFORMATION		STUDY INFORMATION
Name:		Saliva, blood, and/or tumor samples will be used to identify the underlying genetic and biochemical causes of cancer in dogs. <u>Risks:</u> There are no to minimal risks associated collection of saliva. There may be mild bruising at the site of blood draws. Since tumor samples will only be obtained during normal procedures for diagnosis and treatment of cancer there are no risks associated with this procedure.
Address:		
City, State, Zip:		
Telephone:	Email:	
Signature: _____ Date: ___/___/20__		

Your signature indicates you understand the risks involved in this study, you consent to the participation of the dogs listed below in studies conducted by the Canine Hereditary Cancer Consortium and its collaborators, and you understand results for individual dogs may not be made available.

REGISTERED AND/OR CALL NAMES	DATE OF BIRTH	SEX (CIRCLE)	BREED	SPAY/NEUTER	REGISTRATION # (IF APPLICABLE)	SAMPLES PREVIOUSLY SENT FROM THIS DOG?
		M / F				YES / NO

ADDITIONAL COMMENTS	CLINICAL CHECKLIST
<p>CLINICAL DIAGNOSIS: _____ TUMOR LOCATION: _____</p> <p>AGE OF ONSET: _____</p> <p>_____ VETERINARIAN'S NAME _____ CLINIC</p>	<p>REQUIRED</p> <p><input type="checkbox"/> OWNER CONSENT</p> <p><input type="checkbox"/> BLOOD</p> <p><input type="checkbox"/> CLINICAL DIAGNOSTICS</p> <p>OPTIONAL</p> <p><input type="checkbox"/> TUMOR</p> <p><input type="checkbox"/> PEDIGREE</p> <p><input type="checkbox"/> HISTOPATHOLOGY</p>

OFFICIAL USE ONLY:

This protocol has been approved by the Van Andel Research Institute Institutional Animal Care and Use Committee (Protocol # 10-03-009)

Sample ID # _____ Blood Tumor VCT _____ Saliva Buccal

Notes: _____