

(3/14/05)

GENERAL OWNER CONSENT FORM
"Genetic Basis of Canine Cystinuria"

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Official Use Only

This protocol has been approved by the Ryan –VHUP Privately –Owned Animal Protocol Committee and the University of Pennsylvania Institutional Animal Care and Use Committee. POAP #103.

As the owner or duly authorized agent for the owner of (pet name) _____ you are being asked to have your pet participate in a study to collect DNA and urine from dogs affected with cystinuria, and their unaffected relatives, in order to discover the genetic basis of this disease and to develop genetic markers that could help eliminate the disease. Before giving your consent to your pet's participation, please read the following, ask as many questions as needed to understand what your participation involves, and sign and date the statement at the end of this document.

PURPOSE OF STUDY

I certify that I am over the age of 18 and hereby grant permission for my pet to participate in a study designed to collect DNA and urine from dogs and their relatives affected with cystinuria, in order to determine the genetic basis for this disease.

DESCRIPTION OF PROCEDURES

I understand that in the course of this study, the investigators may obtain and use from my pet, blood or cells from the lining of the cheek, and/or urine to further their understanding of the disease and facilitate genetic testing. I consent to the use of the blood, cheek brush, and urine samples, and will provide a pedigree and requested medical information concerning my dog, provided that neither my animal nor I are identified in any publications, reports or presentations without my written authorization. I also give consent for the investigators to contact the individuals indicated below, who are the breeders of my dog or owners of dogs that are related to my dog.

RISKS ASSOCIATED WITH PROCEDURE

This study requires that up to 20 ml of blood, about one tablespoon (or 10 ml/kg body weight if my dog weighs less than 2 kg) be obtained from my pet to make DNA. The risk involved in drawing blood is minimal. However, my dog may experience mild redness or bruising at the collection site. Additionally the hair may be clipped in some cases to facilitate visualization of the vein. I have chosen the veterinarian who will be performing this procedure, and will not hold the University of Pennsylvania responsible for any complications associated with drawing the blood.

TREATMENT AND POTENTIAL BENEFITS

I understand that there is no guarantee that my pet will benefit from its participation in this study. However, such participation may provide veterinarians with additional information and a better understanding of cystinuria and, ultimately, this may influence the course of treatment or genetic testing to help my dog and other animals in the future.

COSTS AND BENEFITS TO OWNER

There is no fee for participating in this study. In the event that DNA from my pet is used in the development of commercially available diagnostic markers or medical or surgical treatments, I understand and agree that any proceeds or benefits from such development are the sole and exclusive property of the University of Pennsylvania. I also understand that the University of Pennsylvania will not cover any charges that may be incurred for the drawing of blood.

CONFIDENTIALITY

I understand that any information about my pet, obtained from this study, will be kept confidential. No information by which my pet can be identified will be released or published without my written authorization.

AUTHORIZATION

I have read and understand the foregoing statements and agree to allow my pet to participate in this study. If I have additional questions regarding this study, I may phone or fax the principal investigators at the numbers listed above. To the best of my knowledge, the information I have supplied below is accurate. Upon signing below, I am free to make a copy of this consent form.

Pet's Registered Name: _____

Call Name: _____ *AKC#:* _____

Chip #: _____ *Date of Birth:* _____ *Sex (circle):* M / F Intact / Neutered

Breed: _____ *Coat Color:* _____

Sire's Name: _____ *AKC #:* _____

Dam's Name: _____ *AKC #:* _____

Owner's Name: _____

Address: _____

Phone (day): _____ *(evening)* _____

Fax: _____ *E-mail:* _____

Dog's Breeder's Name: _____

Address: _____

Phone (day): _____ *(evening)* _____

Fax: _____ *E-mail:* _____

Today's Date: _____

Client/Owner/Agent's Signature: _____

Client/Owner/Agent's Printed Name: _____

Date of Urine Collection: _____ *Current medications:* _____

Hours between dog's last meal and urine collection: _____ *Diet being fed to dog:* _____

- Has your dog ever had any of the following:
- Yes No **Blood in the urine**
 - Yes No **Urinary tract infection**
 - Yes No **Straining while urinating**
 - Yes No **Urinary tract stone, if so please provide specific information and copy of stone analysis report**
 - Yes No **History of cystinuria in your dog, or relatives of your dog, if so please provide specific information (such as evidence of cystinuria in your dog or relative, relationship of affected relative to your dog, and pedigree)**

Please submit signed and completed form, **PEDIGREE**, and samples according to the following instructions:

SAMPLE SUBMISSION-Instructions for Veterinarians and Owners/Shipping Instructions

Genetic Basis of Canine Cystinuria Study at the University of Pennsylvania

Thank-you for participating in this study, which requires a DNA sample (in the form of blood) from your dog/patient. (Under special circumstances, cheek brushes may be requested. In this case, the investigators will provide you with the brushes and instructions.) Please be aware that participation in the study does not necessarily imply that this dog is affected with cystinuria, nor does it necessarily imply that the dog is at risk of producing puppies affected with this disease. In order to investigate the genetic basis of the disease, it is necessary to obtain DNA and urine samples from unaffected relatives of affected dogs (siblings/littermates, offspring, parents, and grandparents).

The blood and urine supplied by you will be used to understand the causes of cystinuria in dogs, and to develop genetic approaches detect the carrier animals. This will allow breeders to make breeding choices that can eliminate this disease from their breed.

Blood Sample: Please provide 10-20 cc of whole blood in purple-topped (EDTA) blood tubes if the dog weighs 5 lbs or more. If the dog weighs less than 5 lb (2 kg), please supply 10 cc/kg body weight. Tubes should be rocked gently to distribute anticoagulant, but should NOT be centrifuged. If sample will be shipped within 24 hours, just refrigerate until shipped. If sample must be held for greater than 24 hours, please freeze the sample after placing the blood tubes in sealable plastic bags (in case the glass tubes break during freezing). Please label each sample with the dog's call name and the owner's last name.

Urine Specimen: Collect urine as a free catch while the dog is urinating. A new, clean disposable pie plate is a convenient collection vessel. Urine can then be transferred to a standard urine sample container, available from a veterinarian's or physician's office. Please send between 3 and 10 cc of urine. Repeat urine specimens may be requested of dogs younger than 18 months of age. Puppies may be stimulated to urinate by applying a wet cotton ball to the urogenital area. If sample must be held for greater than 24 hours, please freeze the sample after placing the urine tubes in sealable plastic bags (in case the tubes break during freezing). Please label each sample with the dog's call name and the owner's last name.

Label Sample and Include Appropriate Forms: Please label each sample with the dog's call name and the owner's last name. Include the completed and signed **Owner Informed Consent Form** and the dogs' **Pedigree**.

Shipping: Ship by overnight delivery. Place in a small, insulated container, and include one or more frozen cold packs. Do not send samples on a Friday. They cannot be delivered on Saturday. Ship to:

Dr. Paula Henthorn/Cystinuria
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University of Pennsylvania School of Veterinary Medicine
3900 Delancey St.
Philadelphia, PA 19104-6010
Phone no. (required by FedEx): 215-898-8894