

CONSENT FORM FOR USE OF DOG
DNA SAMPLE IN RESEARCH

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Dr Wilton at the University of NSW is collecting blood and buccal samples from dogs for the purposes of identification of genetic diseases in dogs. Development of DNA based tests for carriers of disease genes will allow breeding from lines known to carry the disease gene and then selection of disease-free progeny for future breeding without passing on the disease gene.

DNA will be extracted from the samples and stored at UNSW. The major diseases under study are ceroid lipofuscinosis (CL), collie eye anomaly (CEA) and Trapped Neutrophil Syndrome (TNS). The samples may be used in the study of other diseases if the research is extended in the future unless specific instructions are given to the contrary. All samples will be coded on arrival and in all subsequent work will only be identified by the codes. Further information about this research can be obtained by contacting Dr Wilton (see footer for contact details)

We cannot and do not guarantee or promise that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with the sample will remain confidential, except where required by law or with your permission.

We plan to discuss/publish information obtained in the study only in the form of group data, where no identification of the individual is possible. Individual disease test results will be provided to you when available. They will not be released without your permission.

If you agree to submitting a sample for this research under these conditions please fill in and sign the statement below and return it with the sample.

I,
(name)

of
(address)

agree to the use of the sample from

.....
(name of dog)

to be used in the research into genetic diseases in dogs as set out above.

I do not agree/ also agree* to the sample being used in studies other than CL, CEA and TNS.

(* delete one)

I declare that I am the owner of the dog or have authority from the owner to make this declaration on their behalf.

Signature.....

Date

Any complaint that you make will be treated in confidence and investigated, and you will be informed of the outcome.

If at any time you wish to withdraw the sample from the study you are entitled to do so without prejudicing your future relations with UNSW. To withdraw from the study fill in the form below and send it in.

REVOCATION OF CONSENT

I hereby wish to **WITHDRAW** my consent to participate in the research on genetic diseases in dogs by Dr Wilton and understand that such withdrawal **WILL NOT** jeopardise any treatment by or my relationship with the University of New South Wales.

Signature..... Date

Please PRINT nameSample Name

The Revocation of Consent should be forwarded to:

Dr Alan Wilton
School of Biotechnology and Biomolecular Sciences
University of New South Wales
SYDNEY NSW 2052