



Tissue Release Form

Canine Genome Project • Ostrander Lab • National Institutes of Health

Research Statement:

We would like to obtain the tissue slides and/or block from the biopsy from your dog. Examining the slides from the sample will help us better understand genetic issues related to canine health, including patterns of genetic diversity between breeds and disease susceptibility.

What are the risks involved with tissue collection?

Samples needed for this study are slides and/or blocks from the tissues previously biopsied by a veterinarian. NIH and its employees will not be liable for any damage or injury sustained by any person or persons or property as a result of the collection process.

Who will have access to the information and specimen?

Only the Ostrander lab staff and their direct collaborators will have access to the tissue sample you provide. The sample of the dog will be referred to in public talks and published studies only by a unique Ostrander lab study ID number. The dog's information, including breed, sex, pedigree and AKC number, as well as your own contact information will be kept strictly confidential. It is understood that you will receive no individual results regarding this dog, and that study participants have no claim on intellectual property or patents resulting from the use of your patient's tissue sample.

Dog Owner's Statement:

I have read the information provided above and have had an opportunity to ask questions regarding the procedures involved. I am the owner or the agent for the owner of the dog described below and I have the authority to execute this release. My signature below indicates I voluntarily agree to give my dog's tissue specimen for this study.

Signature _____

Date _____

Veterinary Clinic Name _____

Phone _____

Please Print Your Name _____

Email Address _____

Phone _____

Street Address _____

City _____ State _____ Zip _____

Dog's Registered Name _____ Dog's Call Name _____

Dog's Date of Birth _____ Dog's Breed _____ Type of Tissue _____

Male Female AKC Number (if available) _____

Has this dog been diagnosed with cancer? Yes No If yes, please provide a pathology report if available.

**Thank you for donating to Canine Health Research!
Please provide a 3 generation pedigree.**