

*Project:

Biobank consent form

Informed consent

The Swedish University of Agricultural Science and Uppsala University is performing research on various diseases and traits in dogs. The purpose is to identify the underlying genes, which could improve diagnoses and breeding strategies and in the future to reduce disease rates in affected breeds. By submitting a blood sample or other tissue sample from your dog, you will contribute to our research. Participation in the study is voluntary. By signing this consent form you agree to storage of owner information; that the sample and information from medical records may be used by the Swedish University of Agricultural Sciences (SLU), Uppsala University and its collaboration partners; and that we, if needed, might contact you for additional information regarding your dog. Samples and information are stored in our canine biobank. For questions concerning personal information, contact the SLU at: registrator@slu.se

Thank you for participation!

All information about You and Your dog will be treated according to the Public Access to Information and Secrecy Act.

Information about the dog (to be completed by the owner before submission to the sampler/veterinarian)

* Reg. No.:	* Breed:	
* Registered name:	Chip or Tattoo:	
The dog's name:	* Date of birth:	Coat colour:
* Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	* Neutered or spayed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Additional health information (diseases etc)		

Owner (Or patient label)

* First name:	* Surname:	* Country:
* Street:	* Postal code	* City:
e-mail:	Phone Home: Cell phone:	
Attachments	Copy of Pedigree info <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Copy of medical record <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____
City & date	Signature	Printed name

Sampling information (to be completed by the veterinarian/sampler)

Date of sampling:	Type of sample:
Dog ID (reg no, chip and/or tattoo):	Collected for project: _____ <input type="checkbox"/> Control <input type="checkbox"/> Case Diagnostic code: _____
Sample:	Sampler's name:

Additional information about the dog

Cryptorchid Yes No

Weight _____ kg
 Normal weight Under normal weight Overweight

Additional health information

Name of vet:	Phone: Fax:
Address:	Postal code, city and country:
e-mail:	Case record No:

I declare that I have confirmed the identification of the dog (chip and/or tattoo) stated above.

<p>_____ Place</p> <p>_____ Date</p> <p>_____ Signature</p> <p>_____ Printed name</p>	<p>STAMP</p>
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Send the sample to SLU as soon as possible after sampling. Avoid sending the sample on a Friday (it is better to store the sample in the refrigerator over the weekend).

The collection is in accordance to the following ethical permission (Dnr C12/15, prof Jens Häggström, SLU). Updated version March 1, 2015.

* = mandatory