

## Broad Institute Blood Sample Release Form

### Research Statement:

We would like to obtain a blood sample from your dog. The sample will help us to explore canine genetic issues including patterns of genetic diversity between and within breeds, and in disease states.

*What are the risks involved with a blood sample?*

A blood draw may cause a slight momentary discomfort to your dog as the needle is inserted. There is a small possibility that some bruising might be seen around the draw site. This should cause your dog only marginal, short-term discomfort and not have any major consequences. If your dog becomes aggressive and/or bites during the blood sampling process, the Canine Genome Project and the Broad Institute are not liable in any way for any resultant physical harm or property damage. Compensation is not available in the unlikely event of physical harm to your dog resulting from the blood draw procedure.

*Who will have access to the information and specimen?*

No information about you, or the identity and health information of your dog will be made available to the public. Only the Broad Institute and collaborators on the respective studies will have access to the samples. Any studies utilizing your dog's oral/blood tissue sample will occur with the understanding that none of your dog's unique identifiers (name, AKC number, etc.) will be distributed or published.

### 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 oral tissue or blood specimen for this study.

*Is it okay to share samples with our research collaborators?* Yes  No

*Is it okay to contact your vet for health questions and updates about your dog?* Yes  No

*Would you like to be notified of updates via email?* Yes  No

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Owner's Name(printed): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Vet Contact Info: \_\_\_\_\_

**Dog's Registered Name:** \_\_\_\_\_

**Registration Organization and number:** \_\_\_\_\_

• Dog's Call Name: \_\_\_\_\_ • Dog Breed: \_\_\_\_\_

• Year of Birth or Age: \_\_\_\_\_ • Variety/Coat Color: \_\_\_\_\_ • Pedigree attached? yes | no

• Dog Gender (*circle one*): Male | Male(Neu) | Female | Female(Sp) • Year of Sp/Neu \_\_\_\_\_

**Which diseases has this dog had? (now and in the past)**

**Do you know of any diseases in related dogs?**