

The Genetic Basis of IMHA in English Cocker Spaniels



College of
Veterinary Medicine

Owner Consent and Patient Information Form

Purpose of Study

Immune-mediated hemolytic anemia (IMHA) is common disorder of the immune system in dogs. The immune system attacks the red blood cells and destroys them. This disease also predisposes dogs to forming blood clots, which may become lodged in their lungs or brain (or elsewhere). The purpose of this study is to determine the genetic cause(s) of this disease in English Cocker Spaniels.

Who is performing this study?

This study is being performed at the North Carolina State University College of Veterinary Medicine. The principal investigator is Dr. Steven Friedenberg. Dr. Friedenberg is a geneticist and a board-certified critical care specialist with an interest in autoimmune diseases.

Summary of Procedures to be Performed on Your Dog

If you consent to participation in this study, a veterinarian or veterinary technician will take a small blood sample from your dog (5 mL, about 1 teaspoonful) and send it to the Veterinary Genetics Laboratory at North Carolina State University so that we can evaluate his/her genetic makeup.

Your veterinarian will also send us information regarding your dog's prior medical history so that we confirm that he or she has or had IMHA. By signing this consent form, you are allowing your veterinarian to release this information, along with other pertinent information in your pet's health record (age, sex, date neutered) for our use in our study. All information about your dog will be treated confidentially.

There is no cost for participation in this study. There is no cost for participation in this study – the study investigators will pay the costs of shipping and testing.

I understand that the information obtained in this study may not benefit my pet, but will provide veterinarians with valuable information and knowledge about IMHA in dogs. My participation in this study is entirely voluntary and my refusal to participate will not affect my pet's care in any way.

Patient Information

Dog's Name:		Breed: English Cocker Spaniel	
Date of Birth:	Color:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
AKC Registration (if known):	Registered Name (if known):	Pedigree Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Client Information

First Name:		Last Name:		
Address:		City:	State:	Zip/Postal Code:
Phone number:		E-mail address:		
Owner Signature:				

(continued)

Information for Veterinarians

Your client has agreed to participate in a study we are conducting evaluating the genetic basis of IMHA in dogs. For more information regarding study inclusion and exclusion criteria, please visit our study website at <http://www.ncstatevets.org/genetics/IMHA>.

Please submit the following information to our laboratory in the postage-paid envelope we have provided to you or your client:

1. Blood drawn into a standard EDTA tube (purple top) with a volume of 4-5 mL (multiple tubes are fine)
2. A copy of the laboratory results (from IDEXX, Antech, or other diagnostic laboratory) and medical records confirming the diagnosis of IMHA
3. A copy of the patient's pedigree, if provided to you by the owner
4. This consent form

Blood tubes *do not* need to be refrigerated or shipped with ice packs. Blood can be sent by standard mail. Please try to submit the sample within a day or two of the blood draw. If the sample is drawn on Friday or over the weekend, please refrigerate the sample until you can send it to us on Monday.

Please label the tube carefully with the dog's first and last name, and fill out the information below regarding your clinic.

Questions? Contact Dr. Steven Friedenberg at steven.friedenberg@ncsu.edu. Thank you very much for your assistance!

Shipping Information

NCSU College of Veterinary Medicine
Veterinary Genetics Laboratory
Dr. Steven Friedenberg (Immunogenetics)
1060 William Moore Drive
Research Building Room 228
Raleigh, NC 27607

Veterinarian Information

First Name:	Last Name:
Veterinary Clinic:	
Clinic phone number:	Clinic e-mail address:

Enclosed

- Blood sample
- Copy of diagnostic testing for IMHA
- Pedigree
- Consent form