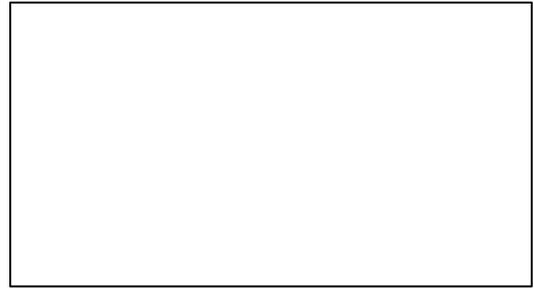




Virginia Polytechnic Institute and State University  
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Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443  
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## Clinical Research Project Client Consent Form

**Study Title:** ADAMTS13 activity in dogs with presumptive idiopathic immune thrombocytopenia  
**Principal Investigator:** Dr. Ashley Wilkinson (ashleyrw@vt.edu)

One of the missions of the Virginia-Maryland College of Veterinary Medicine is to create, disseminate and apply medical knowledge through discovery, learning, and engagement. You are invited to participate in this mission by enrolling your animal in a clinical research study. Your participation is entirely voluntary, and you may withdraw your animal from the study at any time by notifying the Principal Investigator. There is no penalty if you choose not to participate.

### Study Purpose:

The purpose of this study is to evaluate a blood clotting parameter, ADAMTS13, in dogs with immune thrombocytopenia. Immune thrombocytopenia results in low platelet numbers and predisposes dogs to excessive bleeding. In humans, immune thrombocytopenia can be difficult to differentiate from immune thrombotic thrombocytopenic purpura, since both conditions may result in low platelet numbers and cause excessive bleeding. Patients with immune thrombotic thrombocytopenic purpura have reduced activity of ADAMTS13. This study hopes to determine whether a portion of dogs with immune thrombocytopenia have reduced ADAMTS13 activity, which may represent a disease process separate from immune thrombocytopenia.

### Study Design/Procedures:

Dogs undergoing routine evaluation for immune thrombocytopenia (abdominal ultrasound, thoracic radiographs, complete blood cell count, and urinalysis) will be evaluated in this study. Your dog will not receive these tests solely for the purpose of this study, but as part of a routine clinical work-up by the Veterinary Teaching Hospital. As part of the study, we will collect an extra blood sample, beyond what is typically needed as part of routine clinical care, and perform a bleeding score assessment. All other procedures undertaken are part of the routine clinical assessment and care of dogs with immune thrombocytopenia.

### Risks and Benefits:

Your pet may experience bruising at the site of blood collection. The study helps pay for testing that is routinely performed in dogs with immune thrombocytopenia, including thoracic radiographs, abdominal ultrasound, urinalysis, and a complete blood cell count. The data we gather from your dog's blood sample may help the care of future dogs.

### Study Costs and Compensation:

As a participant in the study, the cost of an exam, urinalysis, abdominal ultrasound, thoracic radiographs, and complete blood cell count will be covered. Since these tests are part of the routine evaluation of dogs with immune thrombocytopenia, this will represent a significant cost savings off your dog's visit. The cost of the blood tests on the study-specific sample are covered. The study-specific blood test results will not affect your dog's care and will not be shared with you. Any stored blood samples may be used for future research in dogs with immune thrombocytopenia as well.

### Confidentiality:

The data collected in the course of this study is confidential. In any publication or presentation of the study data, we will not include information that would make it possible to identify a research participant. Research records will be kept in a secure location; only researchers will have access to the records.

### Statement of Consent:

In giving my consent by signing this form, I acknowledge that I have been informed of the purpose and nature of this study and its associated procedures, as well as any possible side effects.

I have read and understood the above information. I have been given the opportunity to ask questions and receive

answers, and I consent to participate in the study. I further certify that I am the owner (or duly authorized agent of the owner) of \_\_\_\_\_ .

(Animal's name)

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Agent Printed Name: \_\_\_\_\_

Attending Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Printed Name: \_\_\_\_\_

**Please don't hesitate to contact us if you have any questions or concerns about this study.**

The research and procedures have been reviewed and approved by the Virginia Tech Institutional Animal Care and Use Committee and the Virginia-Maryland College of Veterinary Medicine Clinical Research Review Committee.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, please contact:

Hospital Director,  
Veterinary Teaching Hospital  
Virginia-Maryland College of Veterinary Medicine  
Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443  
Phone: 540-231-4621

You will be given a copy of this form to keep for your records.