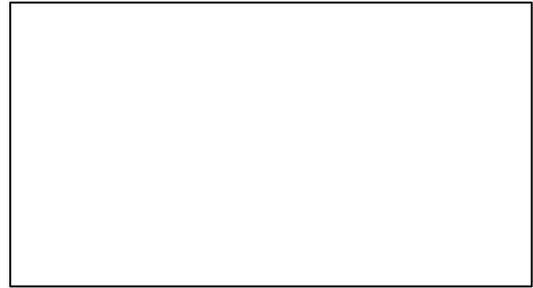




Virginia Polytechnic Institute and State University  
Veterinary Teaching Hospital  
Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443  
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## Clinical Research Project Client Consent Form

**Study Title:** Pattern of thyroid function tests during recovery from acute nonthyroidal illness

**Study Contact:** Tim Bolton, DVM, Dip. ACVIM, Assistant Professor, Small Animal Internal Medicine

Phone: 540-231-4621 | Email: [timothy18@vt.edu](mailto:timothy18@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 pet in a clinical research study. Your participation is 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 thyroid gland regulates several important functions within the bodies of humans and animals. In dogs, disturbances in thyroid levels can cause problems like weight gain and lethargy. Following acute illnesses, even illnesses that are unrelated to the thyroid, levels of thyroid hormones can change, and may take time to return to normal. If testing is done too soon after an illness, inaccurate thyroid test results can lead to inappropriate diagnosis of thyroid disease. This study aims to better understand thyroid hormone levels during recovery from illness. We hope this information helps to develop clearer recommendations for accurate testing of thyroid function by identifying when test results return to normal after resolution of non-thyroidal illness.

### Study Procedures:

While your dog is hospitalized, a small amount of blood will be collected every 24 hours and levels of thyroid hormones in the blood will be tested. At 2 weeks and 4 weeks following discharge, your dog will return to the VTH or to your referring veterinarian for follow-up visits. During each follow-up, you will complete a brief questionnaire, and a small amount of blood will be collected from your dog and thyroid hormone levels retested.

### Risks and Benefits:

There are no significant risks associated with participation in this study. A venipuncture is required for blood collection. This is a routine practice with a minor risk of hematoma formation.

The treatment of your dog will not be affected by participation in this study. This research could improve protocols for dogs in the future that are diagnosed with thyroid dysfunction after an acute illness. Studies like this represent the future of medicine and are needed to improve the diagnosis and treatment of disease.

### Study Costs and Compensation:

The cost of all thyroid hormone measurements will be covered by the study. If dogs return to the VTH for their 2 and 4 week rechecks, the recheck exam and bloodwork will be at no cost. If dogs return to their referring veterinarian for 2 and 4 week rechecks, only the cost of study-related bloodwork is covered.

The cost of any other tests or procedures that are considered standard of care in the treatment of the dog's illness, including clinically necessary bloodwork, surgery, aftercare, and follow-up treatment are not covered by the study and are the responsibility of the owner.

### 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. Data resulting from the study will become the property of Virginia Tech. Specimens collected may be used in future research and may be shared with other organizations or commercial entities. The specimens could lead to new discoveries and treatments.

**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 Clinician 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 Institutional Animal Care and Use Committee at Cornell University: Approval Date: \_May 26th 2017\_ Approval # 2015-0071

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.