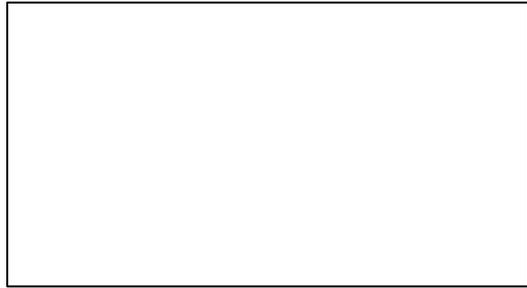




Virginia Polytechnic Institute and State University
Veterinary Teaching Hospital
Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443
Phone: 540-231-4621 | Fax: 540-231-9354



Clinical Research Project
Client Consent Form

Study Title: ADAMTS-13 activity in dogs with chronic liver disease
Principal Investigator: Dr. Ashley Wilkinson

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 for abnormal clotting ability in dogs with chronic liver disease. Dogs with chronic liver disease may be at higher risk of blood clotting disorders, but the mechanism for this isn't well understood. This study hopes to determine the activity of an enzyme that plays a role in blood clotting, along with other known blood clotting parameters, in dogs with liver disease.

Study Design/Procedures:

In order to assess blood clotting parameters, a blood sample will be obtained from your dog to assess ADAMTS-13 activity, plasma vWF concentration, and vWF:collagen binding activity. Your dog was included in this study because he/she has chronic liver disease.

Risks and Benefits:

Your pet may experience bruising at the site of blood collection.

Study Costs and Compensation:

There are no costs to you for your pet to participate in the study. The study does not provide any compensation; however, the results of this study may benefit future animals who are at risk of developing blood clots.

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:

Attending Clinician Signature: Date:

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-Maryland College of Veterinary Medicine Veterinary Teaching Hospital Board.

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.