

**2021 PU RESEARCH Ultrasound Clinic
INFORMED CONSENT**

Pedigree Analysis and Presence of Iris Cysts in Golden Retrievers

You are being asked to enroll your dog in a clinical research trial. The purpose of this research is to investigate the heredity of Pigmentary Uveitis in Golden Retrievers and examine the frequency that iris cysts are present in older Golden Retrievers to determine their association with pigmentary uveitis. This research clinic is not intended as a substitute for an annual OFA eye health exam.

If you consent to this protocol, you will be asked to provide a pedigree for your Golden Retriever. You will also be asked if it is permissible for us to obtain a blood sample (6ml) for DNA extraction. You will also be asked if it is permissible for us to perform a complete ocular examination including an ultrasound examination of the eyes.

You have the right not to consent to the inclusion of your dog in this study. Your participation is voluntary. There is no cost for participating. If you do participate, your dog will be included in this protocol. There are no risks associated with participating in this study

If you have any questions about this research or your rights please contact Dr. Wendy Townsend, Veterinary Teaching Hospital, (765) 494-1107. Thank you very much for your participation.

<hr/> Date	<hr/> Owner's Signature
Dog's call name: _____	Date of Birth: _____
GRLS Participant (4+ years): yes <input type="checkbox"/> no <input type="checkbox"/>	Participant (Hero) Number: _____
Dog's registered name: _____	
Previously seen by Dr. Townsend? yes <input type="checkbox"/> no <input type="checkbox"/>	If so, when / where: _____
Microchip / Tattoo #: _____	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Spayed or neutered: yes <input type="checkbox"/> no <input type="checkbox"/>
Sire's name: _____	
Dam's name: _____	

Any history of pigmentary uvetis in the pedigree? yes no If yes, please describe:

The information collected at this clinic is for research purposes only. It is not intended to be a substitute for annual OFA eye health exams performed by a Dip ACVO.

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____
Email: _____
Preferred appt date/time: _____

Appointments will be scheduled AFTER the judging times are announced. You will be contacted via email (or by phone if you'd rather) with day and time before the first clinic day. All forms of communication will be kept in the strictest confidence.

THANK YOU!!