

Informed Owner Consent Form

Case-Control Study of Pasture- and Endocrinopathy-Associated Laminitis
Dr. Noah D. Cohen, VLCS, 845-0741, ncohen@cvm.tamu.edu

- 1. Purpose of the project:** The purpose of this study is to identify factors that may predispose horses to laminitis (also known as “founder”) that occurs when horses are grazing pasture or as a result of metabolic disorders.
- 2. Eligibility for participation:** Horses examined by a veterinarian that have one of the following conditions are eligible to participate: 1) a first recognized episode of laminitis (founder); 2) Non-laminitis lameness in 1 forelimb (as a lameness comparison group); and, 3) healthy horses residing at different premises (as a healthy comparison group). Horses in the 2 comparison groups must reside at different premises from the laminitis cases.
- 3. Expected duration of participation:** It is expected it will require 30 minutes to collect blood from and perform a physical examination of each horse. For those horses selected to have radiographs (X-rays) of the front feet, approximately 10 additional minutes will be required. It is anticipated that it will require no more than 45 minutes for veterinarians to complete the study questionnaire.
- 4. Description of Procedure:** Each horse will be examined by a veterinarian, and their owner or an agent of the owner will be interviewed to determine questions about the horse’s medical history. In addition, blood will be obtained from a superficial vein using a syringe and needle. Approximately 10 mL of blood (2 teaspoons) will be collected. Some horses will be selected at random to have radiographs taken of their front feet. Horses will be handled using halters and standard stalls or stocks to keep them stationary for the procedure. The radiographs may be taken at the premises where the horse resides or at the veterinary hospital where the horse is examined.
- 5. Possible discomforts and risks:** Withdrawal of blood from a vein can lead to transient pain, swelling, bruising, or in rare cases, infection.
- 6. Possible benefits of study:** There are no direct benefits to participating horses or their owners.
- 7. Alternative diagnostics, procedures, or treatments:** Some tests performed on the collected blood are available on a fee-for-service basis. Radiography and MRI of the third phalangeal bone (also known as the coffin bone) is available on a fee-for-service basis.
- 8. Confidentiality:** Owner and patient confidentiality will be maintained. No identification of individuals shall be made when reporting or publishing the data arising from this study.
- 9. Financial obligations:** There are no financial obligations by the owner to Texas A&M University for participation in this study.

Date _____

Owner/agent initials _____

10. Compensation or therapy for accidental injury or complications: The owner of any participating animal will be financially responsible for costs associated with the treatment of complications or accidental injuries associated with this study.

11. Primary contact person

To obtain further information regarding this study contact:
Dr. Noah D. Cohen (Principal Investigator)
Department of Large Animal Clinical Sciences
College of Veterinary Medicine and Biomedical Sciences
Texas A&M University
College Station, TX 77843-4475
(979) 845-3541

12. Voluntary participation and right to withdraw

Participation in this study is voluntary, and you have the right to withdraw at any time without penalty. Refusal to participate in, or withdrawal from, the study will in no way affect the care to which your animal(s) is/are otherwise entitled

13. Termination of participation by principal investigator

The investigator has the right to terminate the study for any or all participants at any time and for any reason.

14. Unforeseen risks

Unforeseen risks might arise at any time during the study. The investigator will promptly inform owners of all animals enrolled in this project of any new information that may affect their willingness to participate.

15. Clinical Research Review Committee Contact Person

This research has been reviewed and approved by the Clinical Research Review Committee of the Texas Veterinary Medical Center. If questions arise regarding your rights as a participant, the Clinical Research Review Committee Contact Person listed below may be contacted:

Dr. Bhanu Chowdhary
Associate Dean for Research & Graduate Studies
College of Veterinary Medicine & Biomedical Sciences
Texas A&M University
College Station, TX 77843-4461
979-845-5092

Date _____

Owner/agent initials _____

INFORMED OWNER CONSENT

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Dr. Noah D. Cohen, VLCS, 845-0741, ncohen@cvm.tamu.edu

I, _____ (name), of

_____ (address)

_____ (City, Zip)

hereby consent to the participation of the following animal in the study cited above. I certify that I am the legal owner (or agent of the owner) of, and am responsible for, this animal. I have read, received a copy, and understand the Informed Owner Consent Form.

Animal Details

Name: _____

Breed: _____

Age: _____

Signature of Owner or Agent: _____ Date: _____

Signature of Investigator: _____ Date: _____

Witness: _____ Date: _____

I have received a copy of the consent form

Date _____

Owner/agent initials _____