

CONSENT FOR CANINE BLOOD SAMPLING FOR THE PURPOSE OF THE ANTAGENE HISTIOCYTIC SARCOMA TEST

Owner details

Owner's Name _____

Address _____

Email address _____

Telephone: Home _____ Mobile _____

Animal details

Species and Breed _____

Name _____ Colour _____

Age _____ Sex Female (Bitch) Neutered No

Microchip _____

Kennel Club reference number _____

Usual Vet Details

Normal Vet's Name _____

Practice Name _____

Address _____

Email address _____

Telephone _____

- I hereby give permission for the taking of a blood sample from above animal and for the sample to be sent to the Antagene Laboratory in France along with my details collected on the Antagene forms completed by myself.
- The nature of the blood sampling has been explained to me.
- I understand that there are some risks involved in blood sampling and these risks have been explained to me.

- I accept that the ideal way to collect a blood sample would involve clipping and aseptically preparing the skin over and around the vein to be used for blood collection.

☐

I consent to the fur being clipped if required.

☐

I do not wish the fur to be clipped and accept the associated risks and have had these explained to me.

- I give permission for my normal veterinary surgeon / practice to be contacted, for reasons of professional courtesy, informing them of the blood sampling and the reason for it. Only data provided on this consent form will be used to contact the practice and to identify both the client and the animal. No results of the test will be sent to the normal veterinary surgeon/practice.
- Data provided on this form will be stored securely and not used for any purpose other than proving consent for this procedure and for contacting the owner for reasons directly related to this sampling.
- I understand that the blood sampling is being provided free of charge, but I must pay for the testing of the sample. This fee has been partly subsidised by Antagene and the Bernese Mountain Dog of Great Britain and will be passed on to Antagene on my behalf.
- Results of the test will be sent by Antagene to the owner of the sampled animal only.

Further notes and Instructions: _____

☐ If you are NOT the owner, please tick the box to confirm you have the authority to act on behalf of the owner of the animal described above and provide your contact details below

☐ Please tick the box if you are UNDER the age of 18

*Signature _____

Date of Signature _____

*A copy of the form should be provided to the person signing and the original retained by the practice