

SALUKI HEALTH RESEARCH, INC.

email: SalukiHealth@aol.com

MaryDee Sist, DVM

1629 Meech Rd, Williamston, MI 48895

phone: 517-655-1354

Volunteer Blood/Tissue Donation Permission Form

1. You are invited to have your Saluki donate blood or tissue for inclusion in the Saluki Health Research, Inc. (SHR) DNA storage bank. A three or preferably five generation pedigree must accompany the sample (SHR would like the pedigree at the time of donation, but if that is not feasible, such pedigree can be sent at a later date). You are encouraged to include any pertinent family health history of which you know. If, in the future, you become aware of any health issue that would preclude the sample being part of a normal Saluki group, SHR would appreciate being informed promptly of that health issue.
2. DNA will be harvested from the blood or tissue sample. Not all samples will yield a quantity of useful DNA. SHR will be the sole owner of the samples and you forego any claim to the samples or the results future research yields. As property of SHR, the samples will be stored for future analysis. As markers for various disease or health conditions become known, the DNA will be made available without specific identification of the source Saluki for use in research projects at the discretion of SHR.
3. All information will be held in the strictest confidence. Pedigree information will only be made available to researchers for purposes of identifying possible genetic traits. No specific individual information will be released to anyone other than the owner of record at the time the sampling is done.
4. Although venipuncture carries little risk of harm to your Saluki, there may be slight discomfort at the time of collection. Also, a small bruise (hematoma) may appear at the site. As a general matter, this will resolve within a few days. There are no long-term risks associated with this procedure for the normal Saluki. As a participant, you acknowledge being fully informed of the foregoing risks and agree to forego and/or hold SHR harmless on any claim related to your Saluki's participation in the blood donation process.

Your signature indicates that you have had an opportunity to read this form and that you assent to the terms hereof. In consideration of, the sufficiency and receipt of which you acknowledge, you hereby agree to the foregoing terms for participation.

Owner's Signature _____ Date _____

+
Address _____ City _____ State _____ Zipcode _____

Email _____ Phone _____

Saluki's Name _____ Date of Birth _____ Sex _____

Health history _____

Grandsire _____ Grandsire _____

SIRE _____ DAM _____

Granddam _____ Granddam _____
