Protocol Supplement E: Owner Consent Form

**Animal Program Office Use Only**

Protocol Number:       PI Name:       Approval Date:

| Protocol Supplement E: Owner Consent Form |
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| If an OSU-affiliated study or project involves use of privately-owned animals, the Principal Investigator (PI) or project advisor must submit an Owner Consent Form (OCF) for IACUC review and approval with their protocol application. The consent form must include or address the following items: [ ]  All known, potential risks must be described to the client.[ ]  Owners should provide documentation of a preventive health program, as evidenced by veterinary medical records, as appropriate.[ ]  Adequate food and housing for the animals must be available if in residence, and must meet IACUC animal housing facility requirements.[ ]  Owners must allow for appropriate restraint to minimize potential injuries to themselves, personnel, students, and/or other animals. [ ]  Injured or ill animals must receive timely, appropriate, and documented treatment/care. Arrangements for providing care should be described below.[ ]  Costs incurred related to the study, and responsibility for procedures and care as a result of adverse events, must be clearly described below. [ ]  Review and approval is required from the related department head or review committee, prior to review and approval from the IACUC.An example form is provided below.Animal Owner Consent Form **Project Title:**      **Principal Investigator & Department:**      **Co-Investigators:**      **Purpose of the Study:**      **Purpose of the Form:** You are being asked to give your consent to have your (type of animal) participate in a research study or project. This consent form gives you the information you will need to help you decide whether to allow your animal to participate. Please read this form carefully. You may ask any questions about the research, the possible risks and benefits, rights as a volunteer participant, and anything else that is not clear. When all of your questions have been answered, you can decide if you want to allow your animal to be in this study or not. **What will happen in the study?**      **Risks of the study:**      **Benefits of the study:**      **Is there compensation for participating?**      **Are there any costs to participating?**      **In case of unexpected event (such as injury), please contact:****Withdrawing my animal from the study:**Your participation in this study is entirely voluntary and you may withdraw your animal at any time. You also understand that your animal may be withdrawn from the study if the investigators find it necessary. If your animal is withdrawn from the study for any reason, data already collected may continue to be used for research purposes.You will not be treated differently if you decide to not participate in this study. Your decision to participate, not participate, or withdraw from the study will not affect your relationship with OSU.**What if I have questions?**If you have any questions about the study, you may contact: **Dr.       at (phone number):      -**Your signature indicates that this research study has been explained to you, that your questions have been answered and you agree to allow your animal to be in the study. I would like a copy of this form: **Yes** **[ ]  No [ ]**   Animal Name(s):      Owner - Printed Name:      Owner - Signature: Date:     Principal Investigator - Printed Name:      Principal Investigator - Signature: Date:       |