UNIVERSITY OF MINNESOTA

Study Title:

Client Consent Form
Department:

Summary of study, 2-3 sentences

Purpose:
Describe background for study

Selection of Participants:

- *Describe how participants are selected*
- Study participants must meet the following criteria:
    - *List*

Procedures:
If you agree to be in this study, your *animal species* will undergo *summarize*.

A. List sequential study procedures and their schedule
B.
C.
Etc.

Risks:
Describe potential risks to the animal.

Describe what owner should do if specific problems are seen (i.e. contact study team).

Compensation:
Describe what is covered by the investigator and what is owner responsibility.

You will be responsible for all other charges associated with your *animal's* care (or participation).

Confidentiality: The information about your *animal* that we collect during this study will be confidential. If we publish results of this study neither your name nor your *animal's* name will be used.

Voluntary Participation: Participation in this study is voluntary. You will not be penalized in any way if you elect not to participate.

Please do not hesitate to contact us if you have any questions or concerns about this study.

State who is performing the study as well as their supervisor, if applicable. Please feel free to ask any questions regarding the study at the time of your visit. If you have questions later, you may contact us at the numbers listed below.

Investigator: *Name – phone: xxx-xxx-xxxx, email*

Other study personnel, if applicable: *Name – phone: xxx-xxx-xxxx, email*

If you would like to speak to someone other than the investigator about your *animal* as a research subject, please contact: **Institutional Animal Care and Use Committee:** 612-626-2126

I understand the above information and agree to participate in this study.

Yes ☐ No ☐

Client Signature _____ Date _____

Investigator Date