



Gastric Cancer Study Enrollment Instructions

Michigan State University Center for Comparative Oncology

- **Blood:** 6ml of blood in an EDTA tube.
- **Completed participant information form below**
- **Please FedEx the samples:** *Please call us for a FedEx account number*

- Use Standard overnight with ice packs.
- Wrap tubes in paper towels to protect them from freezing.
- Please fill in the total weight of the package on the Fed Ex form.
- Write "Please refrigerate upon arrival" on the box.

Please Address to:

Nicole Madrill
Small Animal Clinical Sciences
D208 Veterinary Medical Center
Michigan State University
East Lansing, MI 48823
Phone: 517-432-3282

If samples are taken on a Friday: please refrigerate blood. Ship out on Monday.

-----Return Below Portion with Shipment-----

Owner Information

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Dog Information

Call Name: _____ Date of Birth: _____

Registered Name: _____

AKC (or Other) Registration #: _____ *Please attach pedigree if available*

Sex: Male Male Neutered Female Female Spayed

Affected participants: *(Please include biopsy report if available)*

Date of Diagnosis _____ Biopsy Diagnosis _____

Biopsy Location _____ Other Disease _____

Please Acknowledge and Sign:

I give Dr. Elizabeth McNiel, the Michigan State University Center For Comparative Oncology and their direct collaborators permission to use this sample for research purposes. I understand that any pedigree information or data specific to my dog will be kept confidential and any publications resulting from these studies will not include any information that will make it possible to identify a subject. In addition, I understand that I will not receive individual results regarding my dog as a result of these studies.

Signature: _____

Date: _____