

Stomach Cancer Study

Enrollment Instructions

Tufts Harrington Oncology Program

- **Blood:** 6mls 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
 - Write "Please refrigerate upon arrival" on the box.
 - **Please Address to:**

Dr. Elizabeth McNeil, DVM, PhD
Tufts Medical Center
75 Kneeland Street
14th Floor Room #14047
Boston, MA 02111
Phone: 617-636-4715
Fax: 617-636-6205

Elizabeth.McNeil@tufts.edu

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: _____	Breed: _____
AKC (or Other) Registration #: _____	<i>Please attach pedigree if available</i>
Sex: Male <input type="checkbox"/>	Male Neutered <input type="checkbox"/>
Female <input type="checkbox"/>	Female Spayed <input type="checkbox"/>

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 McNeil and her 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: _____