

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 contact us for 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
 12th Floor Room #12006
 Boston, MA 02111
 Phone: 617-636-4715 or 617-639-6009
 Fax: 617-636-6127

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 #: _____ *Please attach pedigree if available*

Sex: Male Male Neutered Female Female Spayed

Participants with stomach cancer: (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: _____