

# 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  
 14<sup>th</sup> Floor Room #14047  
 Boston, MA 02111  
 Phone: 617-636-4715  
 Fax: 617-636-6205

[Elizabeth.McNeil@tufts.edu](mailto: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

**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:** \_\_\_\_\_