

CLIENT CONSENT FORM



Patient Consent for ImpriMed Service

- I hereby consent and authorize the hospital to obtain the solid tumor sample and/or fine needle aspirates and the blood sample with the medical information where some or all of the sample will be sent to be tested for drug sensitivity by ImpriMed.
- I acknowledge that the procedure may not guarantee results, and has inherent risks for potential unsuccessful results, these results may not be used specifically for the care of my pet and may have limited implications.
- I hereby consent that information from my pet's medical record may be used to cross-reference the samples and to evaluate the overall response of my pet to chemotherapy in relation to the information provided by the drug sensitivity testing.
- I understand that the ImpriMed service is a validated diagnostic product that improves over time with additional data and research. Medical records provided to ImpriMed will be used to develop and improve the accuracy and applicability of our services for returning and future patients.
- I understand the ImpriMed service cost does not include fees associated with any sampling cost or administration costs at the hospital, and I may be charged a sampling charge to get the samples at the discretion of the attending doctor.
- I have discussed with the attending doctor the nature and purpose of the procedure and have received and understood all of the information I desire regarding the procedure. The hospital has no obligation related to this procedure.
- With the above understandings, I hereby authorize the hospital to send my pet's sample to ImpriMed.

Patient Consent for Use of Remaining Sample

- I hereby consent to ImpriMed the use of any sample remaining after all agreed on ImpriMed services are conducted for research and/or commercial use, as long as my privacy is maintained. Refusal to permit the use of my remaining sample for research will not affect my test result for ImpriMed Service. I can withdraw my consent at any time by contacting ImpriMed.

Patient Consent for Publication

- I hereby give my consent for clinical information relating to my case to be reported in a scientific publication, poster, or presentation.
- I understand that my name and initials will not be published and that effort will be made to conceal my identity, but that anonymity cannot be guaranteed.
- I understand that the material may be published in a journal, website, or other forms of publication.
- As a result, I understand that the material may be seen by the general public.

Client Details

Pet Parent's Name

Pet Parent's Signature

Date

Animal Details

Pet Patient's Name