**GUIDE TO COMPOSE A CLIENT CONSENT FORM**

A client consent form is required if researchers use privately owned animals for research or teaching purposes. The IACUC must review and approve the client consent form prior to the investigators obtaining the client’s consent and this form must be submitted together with the Animal Utilization Protocol (AUP). Once completed by the client, the original file should be kept with the researcher. The following information should be included in the form:

|  |  |
| --- | --- |
| ☐ | Department and Faculty that will be conducting the study. |
| ☐ | Title of the study, period of study. |
| ☐ | Description of the purpose of the study and benefits |
| ☐ | The study is being carried out by ‘name of the investigator’, or if a student, it needs to state that they are under supervision of the principal investigator. |
| ☐ | Description in detail of the procedures that will be performed on the animals |
| ☐ | Describe the risks, if any, to the animal or client. |
| ☐ | Indication if there will be, or if there will not be, compensation in case of problems resulting from the study. |
| ☐ | Costs that will be incurred by the client, if any, and agreement to the commitment requirement of follow- ups for participating in the study. |
| ☐ | Information that participation is voluntary and that they may withdraw anytime. |
| ☐ | Details of likely problems, symptoms that the investigator or the attending veterinarian needs to be notified, should be included. Also the phone number of the contact person if there are problems, (PI or co-investigator, not student), including a phone number, for the attending veterinarian. |
| ☐ | Offer the availability of results for the individual animal, and further advice on plans or treatment, if so required by the owner. |
| ☐ | A line for investigator, conductor and client signatures and dates. |
| ☐ | The IACUC phone number (603-97691431) should be provided as an additional contact for questions or concerns. |

**Template of Consent Form**

EXAMPLE

Department of XXXXX

Faculty of XXX

Universiti Putra Malaysia

**Title of Study :**

**AUP approval no :**

**Period of Study :**

**Location :**

**Purpose of the Study :**

**Involvement :**

**Procedures :**

1. XXX
2. XXX
3. XXX

**Possible Risk(s) :**

**Confidentiality :**

**Voluntary Participation :**

**Financial Compensation :**

**Declaration**

I have read and understand the above explanation in regard to XXXX…..

|  |  |
| --- | --- |
| Name of Owner :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact no/Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Conductor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact no/Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal Investigator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact no/Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For further enquiries or concerns, do contact:

1. Principal Investigator:   
   Full name and contact details

2. Institutional Animal Care and Use Committee (IACUC), Universiti Putra Malaysia, 43400 UPM Serdang, Selangor. Email: [iacuc@upm.edu.my](mailto:iacuc@upm.edu.my) or contact no: +603-97691431.

**\*Please exclude inappropriate information listed here, and include any other relevant information related to your animal study.**