Title of Study:	**Electromyographic evaluation and response to electrical stimulation of the cricoarytenoideus dorsalis muscle in dogs with acquired laryngeal paralysis**
Funding:	Internal funding
Study Investigators:	Robert Hardie, DVM, Diplomate ACVS Helena Rylander DVM, Diplomate ACVIM-Neurology Alex Piazza, DVM

UNIVERSITY OF WISCONSIN-MADISON
School of Veterinary Medicine

Owner CONSENT to Participate in Research And
AUTHORIZATION to Use Identifiable Health information for Research

Principal Investigator: Dr. Robert Hardie (phone: 608-263-7600) (email: generalsurgery@vetmed.wisc.edu)

Mailing Address: University of Wisconsin-Madison, School of Veterinary Medicine, Department of Comparative Biosciences/Department of Surgical Sciences, 2015 Linden Drive, Madison WI 53706

Purpose of the Research

The purpose of this study is to characterize the electromyographic findings and electrical stimulation responsiveness of the cricoarytenoideus dorsalis muscle in dogs with acquired laryngeal paralysis. This study is significant because it will help advance development of therapies for affected dogs. Additionally, knowledge gained from this study will help further develop the canine model for laryngeal and neurologic disease which can lead to clinical benefits for humans and dogs.

Expected Duration of Participation

Study procedures and the majority of data collection will be completed during your dog's hospitalization for routine standard of care surgical therapy for acquired laryngeal paralysis. Additional questionnaire data may be collected 4-6 weeks after completion of surgery. In the future we may contact you via phone or email regarding your dog's participation in this research study and outcome related to this disease process.

Description of the Procedures

You are invited to participate in a clinical research study investigating features of the primary muscle affected in dogs with acquired laryngeal paralysis, the cricoarytenoideus dorsalis muscle. Your participation is voluntary, and if you prefer not to participate, the quality of your dog's care will not be affected in any way.

What will the participation of my dog involve?

Dogs that undergo surgical treatment of laryngeal paralysis will have their clinical history reviewed, pre surgical exam, laryngeal exam, intraoperative evaluation of cricoarytenoideus dorsalis muscle electromyography and responsiveness to electrical stimulation, evaluated. Additionally, videoendoscopic laryngeal examinations will be performed, pre surgically, during electrical stimulation and post unilateral arytenoid lateralization for objective measurement of airway luminal diameter. As well, owner questionnaires may be completed after surgery.

Possible Discomforts and Risks

There is low risk to your dog from intraoperative evaluation of cricoarytenoideus dorsalis muscle electromyography and responsiveness to electrical stimulation. A slight increase in anesthetic time will be needed in order to perform data collection and minor irritation of the cricoarytenoideus dorsalis muscle may occur.

Possible Benefits

There are no direct health benefits to your dog for participating in the study. However, clients who participate will receive a financial benefit ($250). This financial benefit is designed to offset some of the costs of hospitalization associated with surgical treatment for acquired laryngeal paralysis. In addition, your dog's participation may benefit other dogs in the future by helping us obtain a fundamental understanding of the electrophysiology of muscles and nerves affected by laryngeal paralysis. Such knowledge could lead to improved patient management and dynamic therapies for canine laryngeal paralysis.

Alternative to Participation

If you chose not to participate, clinical treatment of your pet will not be affected.

Extent of Confidentiality of Records

The data collected in the course of this research study may be used in research reports and papers published in scientific journals and presented at scientific meetings. Any such publication will not include identification of individual dogs or clients included in the study.

Compensation or Therapy for Injuries

As participation in data collection associated with this research study is associated with low risk, there is no commitment to provide any compensation for research-related injury or any unforeseen risk.

Contact Person for the Study

Please contact Dr. Robert Hardie for further information (608-263-7600, generalsurgery@vetmed.wisc.edu).

Voluntary Participation and Right to Withdraw

Your permission is voluntary. You do not have to sign this form and you may refuse to do so. If you refuse to sign this form, however, you cannot take part in this research study. You may completely withdraw from the study at any time. If you decide not to participate in this study or if you stop while the study is underway, the healthcare provided for your dog will not be affected in any way.

Termination of Participation by the Principal Investigator

On review of patient information and/or data collected, it is possible that your dog may not be included in all aspects of the research study or subsequent publication(s).

Unforeseen Risks

Significant injury during data collection related to the research study is very unlikely. However, if your dog experiences a complication emergency care will be given. However, you will be responsible for the charges for the emergency care.

Financial Obligations

There are no financial obligations associated with participation in this research.

Hospital Review Contact Persons

The Hospital Committee Review person for this study is Mark Oglesbay, who can be reached at 608-273-7900. The Chair of the School of Veterinary Medicine Institutional Animal Care & Use Committee is Dr. Rebecca Johnson, who can be reached at rebecca.johnson@wisc.edu

Authorization to participate in the study:

I have read the information in this consent form, obtained answers to my questions, and I voluntarily agree to have my dog participate in this study. I have received a copy of this consent form.

Signed_____

Owner or owner's agent Date

Signed_____

Investigator or person obtaining consent Date