



BORZOI CLUB OF AMERICA, INC.

Information Sharing Agreement:

You have selected to provide information on dogs you own in order to take advantage of the lower cost option for Holter rental. By doing this you will be helping us gather information that will help us do the following:

- Determine how widespread arrhythmias are in Borzoi
- Provide data to support a Borzoi specific cardiac study if arrhythmias are widespread and common in our breed
- Determine what sexes tend to be affected by arrhythmias (in some breeds, one sex is affected more often than the other, in other breeds, both sexes are affected equally)
- Determine the age when arrhythmias can best be identified (in some breeds, a dog affected with an inheritable arrhythmia can only be reliably identified through Holter testing within a specific age range. We would like to provide you with guidelines as to when is best to Holter test your breeding prospects)
- Determine if the Holter test can help breeders identify dog at risk of developing dilated cardiomyopathy at an earlier age than is currently possible.
- Determine if cardiac arrhythmias run in families which is the start for a researcher to decide if a genetic test might be possible to develop.
- Develop guidelines to help breeders safeguard their bloodlines from sudden death and/or dilated cardiomyopathy.
- Determine if other cardiac problems can be identified through Holter testing

What you will get for your generous sharing of the information:

- Confidentiality.
 - Your dog's name will never appear on anything related to Holter results.
 - Your kennel name will never appear on anything related to Holter results.
 - Your name will never appear on anything related to Holter results.
 - The results will never be shared with any kind of personal identifiers.
 - The only way results will be shared is through statistics such as:
 - percentage of male/female affected
 - age distribution of affected animals
 - general statements about whether or not arrhythmias appear to be found in families or how they may be inherited based on pedigree analysis
 - degree of frequency and/or distribution of arrhythmias in our breed.
 - These are examples of how the information may be shared. You will NEVER see your name, your dog's name, or your kennel name on shared Holter results
- Periodic summary of what we have found out as outlined above.
- Potentially and hopefully, a Borzoi focused cardiac study.

What you agree to share by paying the lower Holter rental cost:

- 3-generation pedigree of the dog tested at the reduced rate
- AKC registration number/Registered name of the dog
- Holter results from Alba Medical (Be sure to ask for the Holter Report and the Full Disclosure - both need to be shared)
- Cardiologist report if one is obtained
- Age of death and sex of any dogs you have owned who have died of sudden death or died suddenly (no pedigree, names or other information needed at this time, though we may ask if you would be willing to provide it if it will help us establish a familial pattern, but then ONLY with your permission)
- Willingness to provide updates on your dog's cardiac health
- Willingness to provide an update should your dog die
 - suddenly/unexpectedly of unknown causes
 - from sudden cardiac death
 - from other cardiac problems.
- Willingness to provide the necropsy report if one is obtained

Please fill out the following form and send it either via e-mail to: celestialbz@mac.com (Subject – Attention - Holter) or snail mail to: Nancy Hopkins, 8902 Troy Dr., San Antonio, TX 78221

I, Nancy Hopkins, pledge to you that I will take the greatest care to protect all information that may identify you, your kennel, or your dogs.

Health Information Sharing

Contact information of owner

Your name _____ Phone number _____
Email address _____

Background

List the sexes and age at death of any dogs you have owned that have died suddenly and without direct physical explanation that would rule out sudden cardiac death. If more information is needed, use an extra page.

	Sex	Age at Death
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

To your knowledge, have any related dogs died suddenly or been diagnosed with cardiac disease?

_____. If yes, please describe where in the pedigree these dogs can be found.

Registered name of dogs participating in the reduced cost Holter Rental option : (Fill out the information each dog you are entering into the study and attach a pedigree for EACH dog).

1) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

2) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

3) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

4) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

5) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

6) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

7) *Registered name* _____ Registration number: _____

Call name _____ Sex _____ Date of Birth _____

Owner _____

In addition to the information above, I agree to provide the following information to the BCOA Health Chair:

- 3-generation pedigree of participating dog
- Full Holter report
- Cardiologist report if one is obtained
- Follow-up information on the cardiac health of the participating dog (including OFA cardiac screenings)
- Notification of any fainting episodes the participating dog experiences.
- Age at death
- Cause of death (if the dog dies unexpectedly for causes unknown, dies suddenly, dies of known cardiac cause.
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I understand that I will not receive the discounted price for Holter rental until I have filled out this form completely and signed this agreement. I further understand that should I withhold any information I have agreed to provide I will be responsible for paying the balance of the "Non-Information Sharing" rental price and the information on this form and previously sent to the BCOA Health Chair remains in the possession of BCOA.

Signed _____

I give advanced permission for the information I provide the BCOA Health Chair to be sent to and used by a Canine Health Foundation-approved researcher for a Borzoi focused cardiac study. Initial _____