## Collaborator form

## *“Outcome of peripheral intravenous catheter fracture in dogs”*

Thank you for agreeing to contribute to our multicentric research project. It is important for us to have basic information about collaborating centres, to be able to process the data collected and to establish a two-way communication regarding the progress of the study.

Please ensure that you have read the information sheet provided before completing the form and signing the understating statement. If you have any questions regarding completion of the form or about the study, please contact the main researcher ([*ana.blancoperez@willows.uk.net*](mailto:ana.blancoperez@willows.uk.net))

|  |  |  |
| --- | --- | --- |
| Details of collaborator centre | | |
| Name |  |
| Company |  |
| Postal address |  |
| Phone number |  |

|  |  |  |
| --- | --- | --- |
| Details of collaborator centre (designated data controller) | | |
| Full name |  |
| Title |  |
| RCVS number |  |
| Clinical discipline |  |
| Qualifications |  |
| Email address |  |
| Phone number |  |

“Outcome of peripheral intravenous catheter fracture in dogs” will be a multicenter study that will be conducted during the 6 following months after the ethical approval is obtained. You will be expected to send the collected data to the main researcher in a timeframe of 6 months.

Process of data collection

The data controller in each centre should have access to the patient management system of the centre and will search the practice clinical database by medical key words (fragmented catheter, migrating catheter, fracture, migration). Only patients that had a confirmed fragmented peripheral catheter will be included in the study.

Once the cases that meet the study inclusion criteria have been identified, the researcher will need to review the existing owner consent forms. Only those who had previously agreed to be part of research studies will be included in this study, the updated medical record can be requested from their primary practice (if it is needed to obtain the data requested). If the collected information is not enough to obtain the desired data:

* If owners have agreed to be contacted for research purposes, they can be contacted to explain the study via their preferred form as defined on the initial consent form, or by email if not specified.
* Owners will receive a specific consent form and information sheet where the study is explained and the questionnaire (documents attached)
* The data collected in the survey and in their medical records will be recorded on the spreadsheet.

Details of data expected to be provided.

The following information will be collected and reflected in the data sheet provided (Excell) from the medical records, and based on owner follow-up (please see attached owner questionnaire):

* Patient details at the time of the diagnosis: breed, sex, body weight, age, concurrent pathologies, clinical signalment
* Catheter used and length of use
* Location of catheter placement before the fracture
* Suspected reason for fracture
* Time for fracture noticed to referral presentation
* Imaging method used for locating the fragment
* Location of the fragment
* Treatment (surgical, minimally invasive or conservative) and details of treatment
* Short term complications and type
* Follow-up time
* Follow up imaging performed and details
* Further treatment required and details
* Long-term complications of catheter fracture and details

The data will be anonymized, so to identify the patients you will have to create an ID code or number, so all the personal details of the owners will be deleted or not included in the data spreadsheet.

Once the data has been collected will be sent to the main collaborator by email, and protected with a password (sent independently)

Data storage

The consent forms signed by the owners should be stored securely in the management system of the practice. If the consent is given verbally, a note will be made in the management system of the practice. No paper copies will be stored.

Any paper copy of the survey will be shredded once the data is scanned and attached to the management system of the collaborating centres. And any email with a copy of the survey will be deleted once the information is collected.

The IDs used to identify cases will be deleted from the spreadsheet after 3 years, so the storage data will be fully anonymized.

Statement of consent

1. I confirm that I intent to take part to the study entitled ““Outcome of peripheral intravenous catheter fracture in dogs” whose lead investigator is Ana Blanco Pérez.
2. I confirm that I have read and have understood the information detailed on this form and in the information sheet that has been provided with this formulary, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answers satisfactorily.
3. I understand that taking part in the study involves completing an spreadsheet that must be sent to the main researcher in a 6 months’ timeframe.
4. I understand that the participation is voluntary, that I am free to stop taking part and can withdraw from the study at any time without giving any reason.
5. I understand that the clients can ask for access to the information they provide, and that they can request the destruction of that information if they wish, at any time until the end of data collection.
6. I understand that following completion of data collection it will no longer be possible to request access to or withdrawal of the information provided.
7. I understand that the anonymous information provided must be held securely and in line with data protection requirements. The spreadsheet will be password protected and stored on password protected computers.
8. I agree to being contacted by email by the main researcher or the co-author of the study.

 Signature:

Printed name: Click or tap here to enter text.

Date: Click or tap to enter a date.