INFORMATION SHEET FOR RESEARCH AND CONSENT FORM
National Point Prevalence Survey of Antimicrobial Use in
U.S. Small Animal Veterinary Teaching Hospitals

You are invited to contribute to a research study that will establish an understanding of antimicrobial use prescribing practices in companion animals in the United States. You were selected as a possible participant because you work in a U.S. small animal veterinary teaching hospital (VTH). We ask that you read this form and the Overview and Benefits of Participation form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: University of Minnesota (UMN) College of Veterinary Medicine.

Procedures:

If your VTH agrees to be in this study, we would ask you to do the following things:

- Identify a primary contact within your hospital to work with UMN research staff. A primary contact will need to dedicate approximately 10 hours to the study each year, for a total of 30 hours in three non-consecutive years, over a 5-year span. The primary contact should have a working knowledge of veterinary medicine and the medical record system.
- The primary contact will be responsible for reviewing and entering medical record data from one practice date into an electronic database. The practice date will be established prior to data collection. The exact time estimate to complete data entry will vary depending on size of clinic.
- Attend an online training session prior to data collection to understand standard operating procedures and ask questions.
- Adhere to standard operating procedures (SOP) and utilize training materials made available by UMN research staff.
- Complete a short (10 minutes), electronic survey prior to data collection answering questions about clinic demographics, antimicrobial stewardship practices, and the perceived feasibility of long-term collection and reporting of antimicrobial use data.
- Complete a short (10 minutes), electronic survey after data collection answering questions about challenges encountered, areas for improvement or clarity, and ways in which to enhance the point prevalence survey data collection in subsequent years.
- Obtain local ethics approval, if necessary.

Confidentiality:

The records of this study will be stored securely. Participating VTH will have access to enter patient data. No personal client or veterinary team data will be collected. Any report we published or presented with data from this study will not include any information that will make it possible to identify a patient, employee, or clinic.

Benefits of Participation:

Participation in this study will contribute to a baseline knowledge of antimicrobial use practices in companion animal medicine. Your VTH will gain experience reviewing antibiotic use data and

https://arsi.umn.edu/pps
using protocols that can be used internally for continued antibiotic use tracking. Clinics will receive access to an antimicrobial stewardship resource toolkit. There is no payment for participating in this research.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with UMN.

Contacts and Questions:

The researchers conducting this study are: Drs. Jennifer Granick and Amanda Beaudoin (faculty) and Emma Leof (staff). You may ask any questions you have now or later via the contact information below:

Dr. Jennifer Granick
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612-626-6802

Dr. Amanda Beaudoin
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Program Manager
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This research has been deemed exempt from review by the UMN Institutional Animal Care and Use Committee. This research has been reviewed and deemed exempt by the UMN Institutional Review Board within the Human Research Protections Program (HRPP). To share feedback privately with the HRPP about your research experience, call the Research Participants’ Advocate Line at 612-625-1650 (Toll Free: 1-888-224-8636) or go to z.umn.edu/participants.

Consent:

Your signature documents your permission and ability to consent this facility and to take part in this research. You will be given a copy of this information to keep for your records.

_______________________________________________            ____________________________
Signature of Primary Contact at VTH                              Date

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Printed Name of Primary Contact at VTH                             VTH Name

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Phone and Email Address of Primary Contact at VTH

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Signature of UMN Researcher Obtaining Consent                     Date

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Printed Name of UMN Researcher Obtaining Consent