

Owner Consent Form

Article Information			
Study Name:	NeuroQuel (levamisole HCl) for the control of signs of PNE (polyneuritis equi)	Study #:	219-FE-3.6
Test Article:	Levamisole HCl	Field Investigator:	
Formulation:	NeuroQuel® (levamisole 550 mg tablet)	Species:	Equine
Treatment Claim:	For the control of signs of PNE (polyneuritis equi).		

Study Information			
Animal ID #:		Initials:	
Study Site:		Date:	

Owner Consent

Original copy retained by Clinical Investigator - Certified copy provided to Owner

I, the owner, understand that this is an investigational pharmaceutical product (IVPP) for the control of clinical signs due to PE (polyneuritis equi). The purpose of this study is obtaining effectiveness data for Food and Drug Administration's licensing requirements. The above named IVPP has not been approved for sale in the United States for the claim being studied and it has not been subjected to testing for efficacy. There is a risk of adverse reactions and unknown potential harm to a nursing foal or gestating fetus; hence, I am aware that there may be some risk associated with the use of this IVPP in a pregnant or nursing foal. If any of the following adverse events such as increased salivation, increased sensitivity or irritability, depression, diarrhea, colic, muscle tremors, ataxia (unsteady and uncoordinated movement), seizures, or collapse that occurs during the course of the study I will contact the Field Investigator. The horse should not receive acetylcholine esterase inhibitors (found in anthelmintics or fly products that include spray or feed-through products) during the study.

Furthermore, I understand that I am responsible to administer the IVPP and collect information regarding the animal's health. I have made a fully informed decision regarding other diagnostic considerations and the use of the IVPP creates an obligation not to sell animals for food following treatment as noted in the protocol. I understand that I may remove my horse from this study at any time.

*Owner Name:		Phone #:	
Owner Address:		Fax #:	
City, State, Zip:		Email:	
Owner Signature:		Date:	

***Note:** In the absence of the owner, an authorized agent is permitted to give informed consent provided the above information has been discussed with the owner and the owner has given verbal consent to the authorized agent.

For Official Use Only			
Clinical Investigator By:		Date:	
Reviewed By:		Date:	