



Medical Detection Dogs
Unit 3 Millfield
Greenway Business Park
Great Horwood
Milton Keynes
MK17 ONP

T 01296 655888

E operations@medicaldetectiondogs.org.uk

www.medicaldetectiondogs.org.uk

Volunteer Information Sheet

version 4.1 16/05/2023

Project: Provision of skin swab samples for use in the training of canine detection
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Please take time to read the following information carefully. You can discuss this with anyone you wish. Please feel free to ask us questions if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

The purpose of this donation is to provide skin swab samples for use in the detection of disease by canine detection. This work may involve training, testing, maintenance, demonstrations and research and development by Medical Detection Dogs and authorised collaborators.

If you wish to take part, you will be asked to first sign a consent form. Please read the consent form carefully, put your initials or tick the boxes and sign and date it. You will then be asked to complete a short health questionnaire and provide a skin swab sample(s).

Skin swab samples will be posted directly to the Medical Detection Dogs charity centre in Great Horwood, Milton Keynes. Please see the instruction sheet for details. They will be stored here until used, as above by Medical Detection Dogs or until transfer to collaborators for use in authorised research.

Your health questionnaire and samples will be labelled with a unique code so that you cannot be identified to anyone outside of authorised individuals at the Medical Detection Dogs charity. The details of your questionnaire will be entered into a secure database for analysis. Individual participants cannot be identified from this. Your information will remain confidential at all times. We may share your samples and information from the health questionnaire with external collaborators, but you will be identified only by the unique code and your identity will remain confidential.

There are no advantages to providing this donation, but the work will help further our understanding of the canine detection of human disease.

Participation is completely voluntary and you are free to withdraw at any time, without giving a reason. If you decide to withdraw, your data will be deleted from the Medical Detection Dogs charity database and any unused samples will be destroyed.

Results from individual participants will not be made available.

Finally, thank you very much for taking the time to read this information.

Any questions please contact Mark Somerville or Steve Jackson

Medical Detection Dogs

3 Millfield, Greenway Business Park, Winslow Road, Milton Keynes, MK17 ONP

01296 711216

mark.somerville@medicaldetectiondogs.org.uk

steve.jackson@medicaldetectiondogs.org.uk

Instructions for Collecting Skin Swab Samples

version 4.0 25/09/2019

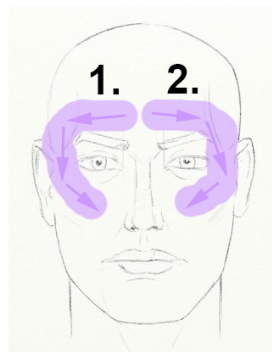
Thank you for agreeing to provide a skin swab sample. We have provided you with a pair of gloves, and 2 sealable bags each containing a gauze swab (the bags labelled 'face' and 'back').

The sebum (oily substance on the skin) is best collected in the morning before showering or washing, by rubbing the gauze on the skin.

Please first put on the gloves provided.

FACE: Please take the swab out of the bag labelled 'face'. Hold the piece of gauze between your four fingers and thumb and wipe from the midline of the forehead, down the temple, and across the cheek bone, on both sides of the face (as pictured below 1 and 2). This can be repeated 3-5 times. Place the gauze back in the plastic bag and seal the bag.

BACK: Please take the swab out of the bag labelled 'back'. Hold the piece of gauze between your four fingers and thumb and wipe from the hairline, down the neck and across the shoulder, on both sides of the back (as pictured below 3 and 4). This can be repeated 3-5 times. Place the gauze back in the plastic bag and seal the bag. Discard the gloves.

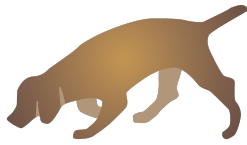


Please return the bags containing the gauzes together with the accompanying questionnaire and consent form to the Medical Detection Dogs centre within 24 hours using the prepaid envelope provided.

Please contact either Mark Somerville or Steve Jackson if you have any questions, using the contact details above.

Thank you for your support, it is greatly appreciated.

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Participant ID: _____

Volunteer Consent Form

version 4.0 25/09/2019

Participant Name: _____

Address: _____

Postcode: _____

Telephone Number: _____

Email: (optional) _____

Project: Provision of skin swab samples for use in the canine detection of disease

Please initial or
tick boxes:

1. I confirm that I have read and understand the volunteer information sheet (v4.0, 25/09/2019).
I have had the opportunity to consider the information, ask questions and have had these answered
satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without
giving any reason, without my legal rights being affected.

3. I understand that the samples provided may be used for training, testing, maintenance, demonstrations
and research and development.

4. I agree that the samples I have given and the information gathered about me (with any identifying
information removed) can be shared with external collaborators.

5. I agree to take part in the above project.

Participant name

Signature

Date

Staff member taking consent

Signature

Date

We would love to keep you up to date on Medical Detection Dogs life-saving research, inspiring stories from our clients & ways you can help us to save more lives through fundraising, events & volunteering opportunities. Please indicate below if you would like us to stay in touch.

Post

Email

Phone

Text

Please be assured that Medical Detection Dogs will look after and use your data with the utmost care, and will never swap or sell it. You can see our fundraising promise and privacy statements: which explain what you can expect from us and how we collect and manage information about you on medicaldetectiondogs.org.uk/privacy

Questionnaire

version 4.0 25/09/2019

Project: Provision of skin swab samples for use in the canine detection of disease

Participant ID: _____

Date: _____

Please note samples will be coded and not contain any identifiable information about you.

1. What is your sex? *Male* *Female*

2. What is your age? _____

3. What medical conditions do you have? (If none please state) _____

4. What regular medication do you take?
Please include both prescription and over the counter

5. Do you smoke? *Yes* *No*

(If Yes – state how many per day) _____

6. How many units of alcohol do you drink per week? _____

Thank you for completing this questionnaire

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Guest CEO and Director of Operations.
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