

**MASTER CONSENT FORMS****CONSENT FORM**

(Participant Information Sheet MUST be attached)

Study Title: Systemic administration of azithromycin as an adjunct to non-surgical periodontal therapy in stage III and IV periodontitis- a randomized controlled trial.

Investigators: Prof Saso Ivanovski BSc, MSc (Perio), PhD

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Dr Roderick Marshall, BSc, MSc (Perio)

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Dr Tino Mercado, BSc, MSc (Perio)

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Dr Valerie Woodford, BSc, MSc (Perio)

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Dr Ryan Lee, BDent, MClintDent, PhD

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Srinivas Sulugodu Ramachandra BDS, MDS

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Prof Saso Ivanovski, Dr Valerie Woodford, and Dr Ryan Lee are working at School of Dentistry, The University of Queensland. They are registered periodontists at the Oral Health Centre, Herston, Herston Road, Qld, 4006. Dr Roderick Marshall is a periodontist at Brisbane City Periodontics and Implants, Brisbane and Mount Gravatt. Dr Tino Mercado is a periodontist at Specialist Dental Centre, 34 Castlereagh Street, Penrith, NSW 2750.

I, \_\_\_\_\_ the undersigned hereby voluntarily consent to my involvement in the research project titled: systemic administration of azithromycin as an adjunct to non-surgical periodontal therapy in stage III and IV periodontitis- a randomized controlled trial.

I acknowledge that the nature, purpose and risks of the research project and alternatives to participation have been fully explained to my satisfaction by Prof Saso Ivanovski, specifically, the details of the study and the anticipated length of time it will take.

- I freely agree to participate in this research project according to the conditions in the Participant Information Sheet which I confirm has been provided to me.
- I understand that my involvement in this study may not be of any direct benefit to me.
- I have been told that no information regarding my personal or health records will be divulged to unauthorized third parties and the results of any tests involving me will not be published so as to reveal my identity.

- I understand that access may be required to my clinical records held by the School of Dentistry, The University of Queensland for the purpose of this study as well as for quality assurance, auditing and in the event of an adverse event.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
- I am 18 years of age or over.
- I declare that all my questions have been answered to my satisfaction.
- I have read, or have had read to me in a language in which I am fluent, and I understand the Participant Information Sheet.

Name of the study participant: \_\_\_\_\_

Signature of the study participant with date: \_\_\_\_\_

Declaration by the senior researcher:

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation.

Name of the senior researcher: \_\_\_\_\_

Signature of the senior researcher with date: \_\_\_\_\_

\*A senior member of the research team must provide the explanation and provision of information concerning the research project.

**Revocation of Consent**

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I \_\_\_\_\_ no longer wish to participate in the research study titled "Systemic administration of azithromycin as an adjunct to non-surgical periodontal therapy in stage III and IV periodontitis- a randomized controlled trial."

I understand that the medical information I have already supplied may still be reviewed but that no new information can be reviewed.

OR

Select option 1 or option 2 by checking the relevant box below:

Option1: I do not want to continue further treatment with study medication but I am willing to remain in the study as outlined below:

Check all that are applicable:

I will continue to come to study visits as planned and take part in the study assessments until the study is closed.

I agree to be contacted by telephone when needed and when the study is to be closed.



I agree that my study doctor collects information regarding study related health from available sources, such as medical records.

Option 2: I do not want to continue further treatment or follow up and hereby withdraw my consent to the Study.