

## **PARTICIPANT CONSENT FORM\_ Interdental Cleaning Comparison Study**

I, ..... [name]

of

.....[address]

have read and understood the "Information for Participants" sheet associated with the abovenamed research study and have discussed the study with either of the following people, Professor Axel Spahr, Dr Melanie Hayes or Andrew Terry.

I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort, or potential side effect and of their implications as far as they are currently known by the researchers.

I understand that answers to the questionnaire I provide will remain anonymous and the data collected will be used for analysis and publication, I agree to this.

I understand that my participation in this study will allow the researchers and others, as described in the Information for Participants, to have access to my medical/dental records, and I agree to this.

I freely choose to participate in this study and understand that I can withdraw at any time.  
I also understand that the research study is strictly confidential.  
I hereby agree to participate in this research study

**NAME:** .....

**SIGNATURE:** .....

**DATE:** .....

**Do you wish to be informed of the results of this study? Please circle: YES or NO**

**If YES, please record your email address here.....**

**NAME OF WITNESS:** .....

**SIGNATURE OF WITNESS:** .....