



A Clinical Trial of an Orthodontic Cement to Prevent Early Dental Decay

Informed Consent Form (Parents or guardian of child younger than 18)

Parent or Guardian

I have read, or have had read to me, and I understand the written Plain Language Statement.

I give permission for my child, _____ to participate in this project according to the conditions set out in the document. I conclude that my child wishes to participate in this research and has indicated his or her consent to do so. I will be given a copy of the written Plain Language Statement and the signed Consent Form to keep.

Would you like to be notified the result of the study? Yes No

I agree that:

- The possible effects of the materials, cleaning solution (off-label 6% sodium hypochlorite) and procedures have been explained to me to my satisfaction
- I am free to withdraw my child from the study at any time without explanation or prejudice
- The study is for the purpose of research and not treatment
- The confidentiality of any information provided by me or my child will be safeguarded subject to any legal requirements.

My full name: _____

Signature: _____

Date: _ / _ / ____

Relationship to child: _____

INVESTIGATORS:

Principal Investigator: Associate Professor Paul Schneider
Student Investigator: Dr Alan Tran

Contact Dr Alan Tran on 9341 1520 or Associate Professor Paul Schneider on 9341 1498

Office Use Only

Subject Number: _ _ _

Subject Initials: _ _ _



A Clinical Trial of an Orthodontic Cement to Prevent Early Dental Decay

Informed Consent Form (Adult)

I have read, or have had read to me, and I understand the written Plain Language Statement.

I, _____ give consent to participate in this project according to the conditions set out in the document. I will be given a copy of the Plain Language Statement and the signed Consent Form to keep.

Would you like to be notified the result of the study? Yes No

I agree that:

- The possible effects of the materials, cleaning solution (off-label 6% sodium hypochlorite) and procedures have been explained to me to my satisfaction
- I am free to withdraw from the study at any time without explanation or prejudice
- The study is for the purpose of research and not treatment
- The confidentiality of any information provided by me will be safeguarded subject to any legal requirements.

My full name: _____

Signature: _____

Date: _ / _ / ____

INVESTIGATORS:

Principal Investigator: Associate Professor Paul Schneider
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Subject Number: _ _ _

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