

CONSENT FORM – (Participant Information Sheet MUST be attached)

Title of the Project: The Clinical Benefit of using Azithromycin in Non-Surgical Periodontal Therapy in Advanced Disease in Patients where Initial Treatment has not been successful.

I, _____ the undersigned hereby voluntarily consent to my involvement in the research project titled: The Clinical Benefit of using Azithromycin in Non-Surgical Periodontal Therapy in Advanced Disease in Patients where Initial Treatment has not been successful.

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 proposal 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or health records will be divulged to unauthorised third parties and the results of any tests involving me will not be published so as to reveal my identity.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 I am free to withdraw from the study at any stage without prejudice. 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, version 2.0, dated 1st March 2019.

NAME OF STUDY PARTICIPANT: _____

SIGNATURE OF STUDY PARTICIPANT: _____

DATE: _____

Declaration by 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 SENIOR RESEARCHER: _____

SIGNATURE OF SENIOR RESEARCHER: _____

Date: _____

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

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