



Study Consent Form

Oral surgery research project

A comparison between conventional absorbable sutures and knotless sutures in third molar surgery using a split-mouth study design.

Please tick to indicate you consent to the following

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet.		<input type="checkbox"/>
I have been given sufficient time to consider whether or not to participate in this study.		<input type="checkbox"/>
I have had the opportunity to use a legal representative, whanau/family support or a friend to help me ask questions and understand the study.		<input type="checkbox"/>
I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.		<input type="checkbox"/>
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.		<input type="checkbox"/>
I consent to the research staff collecting and processing my information, including information about my health.		<input type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to my GP or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.		<input type="checkbox"/>
I understand the compensation provisions in case of injury during the study.		<input type="checkbox"/>

I know who to contact if I have any questions about the study in general.

I understand my responsibilities as a study participant.

I wish to receive a summary of the results from the study. Yes No

Declaration by participant:

I hereby consent to take part in this study.

Participant's name: _____

Signature: _____

Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____

Date: _____