

Research ID: _____

Contact no.: _____

Pt's ID sticker



INFORMED CONSENT FORM

Research Title: A cluster randomized controlled trial on the effectiveness of an educational intervention in improving dental clinic attendance and glycaemic control of diabetes patients in primary care clinics.

I,..... (name) IC No :

- Have read the information in the Patient Information Sheet including information regarding the risk in this study.
- Have been given time to think about it and all of my questions have been answered to my satisfaction.
- Understand that I may freely choose to withdraw from this study at any time without reason and without repercussion
- Understand that my anonymity will be ensured in the write-up.

I voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the doctor or other staff members, as requested.

.....
(Signature)

.....
(Date)

Witnessed:

.....

.....
(Date)

Name :

IC No :