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***“In vivo analysis of undisturbed peri-implant biofilm formation, composition, and growth in periodontally healthy and stable periodontitis patients”***

**PARTICIPANT CONSENT FORM**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[full name]*

Of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[address]*

have read and understood the Participant Information Sheet on the abovenamed research study  
   
and have discussed the study with Dr Judd Sher

* 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 have been made aware that my participation in this study might involve an increase in the number of visits.
* I have been made aware that compared to the normal standard of care, the insertion and removal of the disks will involve up to 6 additional visits of 60 minutes each.
* I have been made aware that the insertion and removal of the disks will not cause any pain or discomfort. The process of disk removal and insertion of new disks will take about thirty minutes and will not require any local anaesthetics. It involves removing filling material from the biting surface of the device, retrieving the discs inside the chambers with dental tweezers, replacing them, and then closing the biting surface again with filling material.
* I understand that the temporary crown (ISBC) will be removed if any signs of irritation or inflammation are present such as discomfort, bleeding gums or swelling.
* I have been made aware that during the study duration, the gingiva will continue its healing around the implant before the placement of the final crown.
* I understand that at the end of the study a permanent crown will be delivered, however, it will be delayed for two months due to the participation in the study.
* 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 dental record, and I agree to this.
* I understand that my de-identified data may be used for future research, and I agree to this.
* I would like to receive a copy of the study results when they become available. My email address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I understand that, during the course of this study, my records may be accessed by Sydney Dental Hospital, by regulatory authorities or by the Ethics Committee approving the research in order to verify results and determine that the study is being carried out correctly.
* I understand that the SLHD software license for REDCap (Research Electronic Data Capture) will be used to manage the collection and storage of my research data.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* 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.
* I consent to the storage and use of my information collected from me for use, as described in the relevant section of the Participant Information Sheet, for this specific research project.

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person conducting informed consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person conducting informed consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_