

MELBOURNE DENTAL SCHOOL
CONSENT FORM FOR PERSONS PARTICIPATING
IN CLINICAL PROJECTS

Person's name (capitals): _____

Project: Concealment and Remineralisation of White Spot Lesions in Enamel *In Situ* Following Topical Application of Gel Containing High Concentrations of Casein Phosphopeptide-Amorphous Calcium Phosphate (CPP-ACP) With Stannous Fluoride in Healthy Adults. HREC # 25348

Name of Investigators:

Professor E.C. Reynolds, Dr P. Shen, Dr J. Fernando, Dr Y. Yuan, Mr. Geoff Adams, Mrs C. Reynolds.

Consent:

1. I consent to participate in the above project, the particulars of which, including details of test or procedures, have been explained to me and are appended here to.
2. I authorize the investigator or his assistant to use with me the tests or procedures referred to under (1) above.
3. I acknowledge that:
 - a) The possible effects of the tests or procedures have been explained to me to my satisfaction;
 - b) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data supplied;
 - c) The project is for the purpose of research and/or teaching and not for treatment;
 - d) The confidentiality of the information I provide will be safeguarded subject to any legal requirements.

Signed: _____ Date: _____

If you have any concerns or complaints about the conduct of this research project, you can contact the Manager, Human Research Ethics, Research Ethics and Integrity, The University of Melbourne by phone 8344 2073 or email humanethics-complaints@unimelb.edu.au quoting Ethics ID. 23287.