"……..…."

TO PARTICIPATE IN A CLINICAL OR EXPERIMENTAL STUDY

INFORMED VOLUNTEER CONSENT FORM

(This sample form has been prepared to give researchers an idea. When necessary, parts that are not suitable for research can be removed or additions can be made. The signature of the volunteer and/or parent must appear on each page.)

We would like you or your child to participate in this study conducted by Selçuk University Faculty of Dentistry. Below you will find some information about this study. This information has been prepared to make it easier for you or your child to participate in the study and to clearly understand the importance of the subject. All procedures will be performed for experimental purposes only, all clinical examinations will be performed free of charge and the findings will be communicated to you.

The purpose of this research is……. The conductor of the study is…… and the co-executors are ……., ……., and ……. To the relevant persons …… and ……. You can reach us by phone number. The period that the individuals who will participate in the study will stay within the scope of the study is ……

In this research…….. procedures will be applied. During the research, serial, periapical, panoramic and cephalometric radiographs and clinical photographs of …….regions will be taken. An average of ….ml (teaspoon) blood sample will be taken at ……frequencies. The samples will be evaluated in the……Laboratory in……province. The ……drug to be used will be used in …….dose and ……..frequency. These drugs are authorized for use in Turkey. The treatment will last ……sessions and each session will take …….hours/minutes. The purpose of the survey form to be applied in the study is…… and it can be filled in ……..time. Possible benefits of this study are…… Possible risks of treatment are…… There may be risks related to birth and reproduction. ……measures will be taken to reduce possible risks, you will be able to receive treatment at ……hospital and when necessary,

Volunteer or Parent Sign	Researcher Sign	Witnessing Organization Official Sign

……person and …… You can reach us by phone. Necessary measures to reduce risks are…… Alternatively, ……..,……, ……, and ……treatments for your disease

applicable.

With this study, new information will be added to existing old information. In order to protect the private lives of individuals within the scope of the research, codes, security numbers, etc. methods will be applied. The collection period for all records is at least five years. Individuals who are evaluated have the right to opt out of the study at their own discretion. Such a decision will not affect your ability to benefit from the treatment services of the Faculty of Dentistry. If you leave the study, risks may occur. You may be excluded from the scope of the research, especially in cases such as…….., ……. If the patient is excluded from the study, treatments will continue as ……

Questions of the individuals participating in the study regarding the study will be answered as soon as possible. Questions can be asked directly to the research leader and/or co-investigators. If necessary, you can use the phone number 0 332 223 12 10. The e-mail address of the ethics committee is "sudhfetik@yahoogroups.com".

I read the text consisting of the “ ” page above. Written and verbal explanations were given to me about these. No guarantee, assurance or promise is made that the treatment will be successful or that satisfactory results will be achieved. Under these conditions, I agree to participate in the clinical trial named " " with my own consent, without any pressure or coercion.

A signed copy of this form will be given to me.

Volunteer's name, signature, address and phone number:

Name, Surname, Signature and phone number of the parent or guardian for those under guardianship or guardianship:

Volunteer or Parent Sign	Researcher Sign	Witnessing Organization Official Sign

Name, Surname, signature and phone number of the investigator who made the statements:

Name, Surname, Signature and Position of the organization official who witnessed the consent process from beginning to end:

Volunteer or Parent Sign	Researcher Sign	Witnessing Organization Official Sign