**INFORMED CONSENT FORM**

**Study title:** Targeted Therapy with Chitosan vs. Tetracycline: Exploring New Frontiers in Periodontal Care for Diabetic Patients Undergoing Maintenance Therapy

Study number:

Subject’s initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth/ age: \_\_\_\_\_\_\_\_\_\_\_\_\_

(i) I confirm that I have read and understood the information sheet dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the above study and have had the opportunity to ask questions.

(ii) I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

(iii) I understand that the investigator of the clinical research, others working on the Investigator’s behalf, the ethics committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the study. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.

(iv) I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).

(v) I agree to take part in the above study.

**Name of the subject:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature of the subject:

**Name of the legally acceptable representative**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature of legally acceptable representative.

Relation:

**Name of the investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature of the investigator