



ALTAMASH INSTITUTE OF DENTAL MEDICINE

PUBLIC TAIION CONSENT FORM TEMPLATE

Date: _____

Research Title

Researcher's Name: _____

By signing this page, I understand and agree to the following:

- I have reviewed the materials or a general description of the materials that may be published in connection with my participation in this study.
- I consent to the sharing of these materials with medical practitioners, scientists, and journalists worldwide.
- I have received a copy of this consent form for my records.
- The materials may also be used in local and international publications, books, and by doctors worldwide.
- I agree to allow the materials to be used in other publications, provided that:
 - The materials are not used for advertising or packaging purposes.
 - The materials are not used out of context. For example, a sample picture will not be used in an article unrelated to the subject of the picture.

Participant Name: _____

Participant ID No: _____

Signature of Participant / Legal person / Guardian: _____

Name of Witness: _____

Signature of witness: _____

Consent interviewer:

Name: _____

Signature: _____

Note: Submit the edited form in PDF format to RDRC