

This letter serves to confirm that the study protocol entitled "Marginal Bone Loss Around Bone-Level & Tissue-Level Dental Implants" under the direction of Principal Investigator Ahmed Samir Mabrouk Oraby Elkattan, has been reviewed and granted full approval by the Comitè d'Ètica i Investigació amb Medicaments de l'Hospital Odontològic Universitat de Barcelona (CEIm HOUB).

The approval was granted on September 28, 2022, under the official approval number 33-2022.

The associated informed consent form, dated July 1, 2022, was reviewed and approved by this committee as part of the protocol evaluation.

This document is attached for your records.

Please do not hesitate to contact us at ceic.hospitalodontologic@ub.edu if you require any further information or verification.

Sincerely,

Atentamente,
José López López
Profesor Titular de Medicina Oral
Director facultativo del Hospital Odontológico Universidad de Barcelona
Universidad de Barcelona
Comitè d'Ètica i Investigació amb Medicaments (CEIm HOUB)

ceic.hospitalodontologic@ub.edu

+34 606 457 362

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JOSE -
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CONSENTIMENT INFORMAT PARTICIPANT ESTUDI

Study title:

MARGINAL BONE LOSS: IMPLANTS AT TISSUE LEVEL AND BONE LEVEL

Mr./Ms.....with a participant
with ID.....or with a legal representative, family member, etc. of the participant, the
Mr./Mrs..... with DNI number.

I DECLARE that Dr. AHMED SAMIR MABROUK ORABY ELKATTAN

(Name and two surnames of the researcher who provides the information)

You have provided sufficient information about the study and that has been submitted to
the corresponding Full of Information.

Here are the explanations that have been provided to me in a clear and user-friendly
language, and the faculty member has allowed me to make all of the observations and has
clarified all of the doubts that I have raised.

I also understand that, at any time when I feel the need to donate explanations, I can revoke
the consent that has been granted and can withdraw from the study as I speak, without
having to donate explanations and without any repercussions.

For this reason, I declare that I am satisfied with the information provided and that I give my
consent to participate in this study.

Signature
Investigator

Signature
Participant

Signature
Legal Representative Participant

L'Hospitalet de Llobregat, of of 20



Hospital
Odontològic

UNIVERSITAT DE BARCELONA



Fundació
Josep Finestres

UNIVERSITAT DE BARCELONA

CONSENTIMENT INFORMAT PARTICIPANT ESTUDI

REVOCATION OF CONSENT

Mr./Mrs..... as a participant
with DNI..... or as legal representative, family, etc. of the participant,
Mr./Mrs.....with DNI no.

I DECLARE that:

The Dr.

You have informed me correctly about the study.....

.....

I REVOCATE consent

L'Hospitalet de Llobregat, de de 20

Signature
Researcher

Signature
Participant

Signature
Participating Legal representative



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