

7a. CONSENT FORM

Study number: REST-ECL-2025-07
Protocol version: 2.0
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Department: Restorative
Research line: Foundations and research in applied dentistry
Study title: "Pericranial and generalized sensitivity in patients with primary headache: a multicenter case-control study"

I, Mr./Ms.:

I have received verbal information about the study and have read the written information provided, of which I have received a copy.

I have understood the explanations given to me.

I have been able to discuss the study and ask questions to the responsible professional.

I consent to take part in the study and understand that my participation is entirely voluntary.

I understand that I may withdraw at any time without this affecting my future medical care.

By signing this informed consent form, I give my consent for my personal data to be used as described in this document, in accordance with Organic Law 3/2018, of December 5, on the Protection of Personal Data and guarantee of digital rights.

I understand that I will receive a copy of this informed consent form.

Patient's signature: _____

Date: _____

ID number: _____

INVESTIGATOR'S DECLARATION

The patient signing this consent form has received, from the professional, detailed information both orally and in writing regarding the process and nature of this research study, and has had the opportunity to ask any questions regarding the nature, risks, and benefits of their participation.

Investigator's signature: _____
Name: _____

Date: _____