

DOCUMENT  
**Informed Consent Form**

OFFICIAL TITLE OF THE STUDY

**Effect of Phosphoric Acid Etching Duration on the Performance of Direct Resin-Based Composite Restorations in Permanent Anterior Teeth: A Randomized Controlled Single-Center Trial**

NCT NUMBER

**NCT ID not yet assigned**

SWISSETHICS REFERENCE NUMBERS

**HumRes66788 | SNCTP000006373 | BASEC2025-00584**

DATE OF THE DOCUMENT

**April 19, 2025**

1 University Center for Dental Medicine Basel UZB  
2 Mattenstrasse 40  
3 CH-4058 Basel



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## 4 Request to participate in dental research

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5 Study title: **Effect of Phosphoric Acid Etching Duration on the Performance**  
6 **of Direct Resin-Based Composite Restorations in Permanent Anterior**  
7 **Teeth: A Randomized Controlled Single-Center Trial**

8  
9 Layman's title: How does the etching time with phosphoric acid influence the  
10 Behavior of tooth-colored resin fillings in anterior teeth? A clinical  
11 Study

12  
13 Dear Sir or Madam

14 We would like to inform you about a study on tooth-colored resin fillings for  
15 front teeth and ask you whether you would like to take part in the examination.  
16 tions. It is important for dentists to be aware of the effects of new interventional techniques.  
17 methods order to further improve dental care.

18 We call such research a **clinical trial**<sup>1</sup>. In this study we want to  
19 to find out whether the exposure time of a phosphoric acid gel has an influence on the quality of  
20 plastic fillings on front teeth. Specifically, we would like to know whether longer or shorter  
21 This gel has a longer application time and leads to less discoloration at the margins of the filling. This gel  
22 is used as standard in the production of resin fillings. Until now, each  
23 However, it is not clear how long the optimum exposure time should be. Therefore compare  
24 In this study, we used two different application times for the gel. You need one of these  
25 anterior filling. We would therefore like to ask you whether you would like to take part in this study.

26 Your participation is voluntary. The following **patient information** is intended to help you decide  
27 help you with your planning. You can discuss any questions you may have about participating in the  
study with the investigator.

28 the test dentist. This is what we call the dentists who are responsible for a  
29 study and who are responsible for you in the context of this study. If you participate  
30 please sign the **declaration of consent** at the end. With your un  
31 By signing below, you confirm that you have read and understood the patient information.  
32 If you do not understand something, please ask the examining dentist. 33

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<sup>1</sup> The law uses the term "clinical trial" for this purpose.

34 The patient information and declaration of consent consist of four parts:

35 **Part 1 The most important facts in brief**

36 **Part 2 This is what it's all about in detail: Information on the study**

37 **Part 3 Data protection and insurance cover**

38 **Part 4 Declaration of consent**

39

40 If you read **Part 1**, you will get an overview of the study.

41 **In Part 2**, we explain the entire process and background of the study in detail.

42 **Part 3** contains information on data and insurance protection.

43 With your signature at the end of the document, **part 4**, you confirm that you have understood everything.  
44 and to participate.

45 This study was initiated by the University Center for Dental Medicine Basel UZB. This

46 Institution is called the sponsor. The sponsor is responsible for, manages and finances a study program.  
47 the.

48

49 In the context of this study is responsible for you:

50 Name PD Dr. med. dent. Florin Eggmann

51 Address UZB, Mattenstr. 40, 4058 Basel

52 Telephone 061 267 26 80

53 079 374 13 81 (available 24 hours a day)

54 e-mail florin.eggmann@unibas.ch

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## Part 1:

### The most important facts in brief

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#### 1 Why are we this study?

You have an anterior tooth that is missing due to caries, a defective filling or a damaged tooth. a tooth-colored plastic filling is required for the desired change in shape. That's why we ask Please indicate here whether you would like to participate in this study.

When restoring a tooth with a resin filling, the tooth must be pre-treated. be applied. Pre-treatment ensures that the filling adheres well to the tooth. The pretreatment The standard is to treat the tooth by applying a special gel for a short time. time on the tooth. This gel contains phosphoric acid. It is currently unclear how optimum exposure time of the phosphoric acid gel.

In this clinical study, we are investigating how the duration of exposure to the phosphorus-acid gel the susceptibility of the fillings to marginal discoloration. Further investigated In this study, we examine the overall behavior of anterior fillings over time. This examination of the filling quality is based on a comprehensive assessment of the fillings and the filled teeth. In **chapter 4** you will learn more about the scientific Background to the study.

#### 2. what do you have to do when you take part?

Your participation in this study will last 5 years. We will visit you for 6 study visits invite you. 5 of these 6 appointments are part of your general dental treatment and also take place independently of your participation in the study. The other 1 appointment is a additional appointment and is only part of the study. Placement of the filling including documentation takes approx. 45-90 minutes. The first control appointment lasts 20-60 minutes. The four control appointments mine take about 30 minutes. The number of appointments **is shown in the illustration in Chapter 5.**

If you decide to take part, you will be randomly assigned to one of 2 groups. They belong to either the test group or the control group. They are not wis- to which group you belong. In the test group, you will be given the interventi- The phosphoric acid gel is treated using a method that involves a very short exposure time (10 seconds). In the control group, the phosphoric acid gel works longer on your tooth (up to max. 30 seconds).

**Chapter 5** provides more information on the study process and procedure.

89 **Benefit**

90 You have no direct benefit from participating in the clinical trial. However, it is  
 91 It is possible that your participation will help future patients. The Nut-  
 92 The main advantage of the study is that the knowledge gained from the study  
 93 methods for the fabrication of tooth-colored resin fillings.  
 94 People who want to have their teeth colored in the future will benefit from improved treatment methods.  
 95 need a filling.

96 **Risk**

97 All materials used are approved and certified in Switzerland. The interventi-  
 98 The method of shortening the exposure time of the phosphoric acid gel has been proven in laboratory  
 99 studies.  
 99 comprehensively examined.

100 Side effects may occur regardless of whether you use the intervention method or not.  
 101 the shortened exposure time of the phosphoric acid gel or the treatment method  
 102 of the control group, which involves a longer exposure time. We know  
 103 Perhaps not all the risks and side effects of the intervention method of shortening  
 104 the exposure time of the phosphoric acid gel. The following risks and side effects have been  
 105 are known in the treatment with tooth-colored resin fillings:

- 106 • Hypersensitivity or pain after placement of the filling.
- 107 • Chipping, fractures of the filling material and/or the adjacent tooth sub-  
 108 stance.
- 109 • Partial or complete loss of the adhesive bond between the filling and the tooth, resulting in  
 110 partial or complete loss of the filling.
- 111 • Air pockets in the filling material or underneath the filling
- 112 • Minor, superficial injury to the gums.
- 113 • Ingestion of material.
- 114 • Allergic reactions to components of the filling materials (e.g. methacrylate-  
 115 plastics), the local anesthetic or the auxiliary parts used during the treatment.  
 116 be set.

117  
 118 **Chapter 6** contains further information on risks and burdens.

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## Part 2:

### This is what it's all about in detail: Information on the study

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#### 4 The scientific background of the study

##### 4.1 Background: Why are we this study?

Adults often have front teeth that require a front tooth filling.

Such an anterior filling may be necessary due to caries (a "hole in the tooth"), tooth", a defective filling that needs to be replaced, or because of a desired Change in shape of an anterior tooth. If you need an anterior filling, you get typically a tooth-colored resin filling. When placing such an artificial filling, the tooth is routinely prepared with a gel containing phosphoric acid. deals.

This procedure has been established for many years. There is already research in humans on Use of phosphoric acid gels when placing resin fillings. When using

However, when using today's most common bonding agents ("dental adhesive"), it is

It is unclear how long the optimal exposure time of the phosphoric acid gel is. Previous studies that in the laboratory have shown that the adhesive bond of the restorative material on the enamel (the outer layer of the tooth) with a shortened exposure time is the same. is as good as with a longer exposure time. In the so-called dentine, which is also called the dentin and is located underneath the enamel, the shortened exposure time of possible advantages for the adhesive bond. However, clinical studies are currently lacking to this. It is therefore currently unclear how a shorter exposure time of the phosphoric acid gel the susceptibility of the fillings to marginal discoloration.

In this study, we are therefore investigating whether the intervention method of a shortened onset The longer exposure time of the phosphoric acid gel just as effective as a longer exposure time.

All substances and materials in the study are registered in Switzerland. certified and approved. They are routinely used worldwide for tooth-colored fillings. used.

In this study, we are also investigating how anterior fillings as a whole over time. This examination of the filling quality is based on a comprehensive Send assessment of fillings and filled teeth. 150

## 4.2 Structure of the study: How do we proceed?

In our study, participants are randomly divided into groups. This is important, to obtain reliable results from the study. This is called randomization. Each group receives a different treatment. There are 2 groups in our study:

- **Group 1** (experimental group): In this group, the phosphoric acid gel is applied simultaneously to the enamel and dentin. The application time of the gel on both the enamel and the dentin is a total of 10 seconds.
- **Group 2** (control group): In this group, the phosphoric acid gel is first to the enamel and only shortly afterwards to the dentin. The gel is applied to the enamel for 15-30 seconds and to the tooth surface for 10-15 seconds on the dentin.

The study is a so-called blinded study. In this case, "blinded" means that neither the participants nor the investigators know in which group the participants were divided into. The practitioners who had the one- However, they are not blinded, as they do not know which intervention is being used. tion method.

The participants therefore do not know which group they belong to. And the sub The examiners who evaluate the results have no knowledge of them. This approach is intended to ensure that the results remain as objective as possible. Randomization and blinding allow us to reliably assess how well the intervention method is really effective.

## 4.3 Regulations on scientific research involving human subjects

We are conducting this study in accordance with the laws in Switzerland (Humanfor- Protection Act, data protection laws). In addition, we observe all internationally recognized guidelines. The responsible ethics committee has reviewed and approved the study.

Our study is a national study. The study is only being conducted at one location, the UZB, in Switzerland.

A description of this study can also be found on the website of the Federal Office for Health at [www.kofam.ch](http://www.kofam.ch) under the SNCTP registration number ..... or the BASEC- Number.....

**5.1 What do you have to do if you in the study?**

Participation in the study is voluntary and lasts 5 years. You must adhere to the procedure plan (→ Chapter 5.2) and also to all specifications that your dentist has issued. dentist does.

You must inform your test dentist,

- if your state of health changes, e.g. if you get worse, or if you have new complaints; this also applies if you discontinue the study prematurely. (→ Chapters 5.3 and 5.4);

- if you get toothache on the treated tooth or if this tooth tooth becomes hypersensitive;

- If a dentist performs a treatment on the treated study patient, he/she must tooth would like to perform;

- when you notice the loss of adhesion of the filling;

- if the filling is partially or completely lost (breaks off or becomes loose) detaches from the tooth);

- if you become pregnant or are breastfeeding.

You must also note the following:

- You may not undergo dental whitening during your participation. have your teeth whitened. (Note: The desire for dental teeth whitening is generally not a criterion for exclusion. However, the tooth whitening at least two weeks before the resin filling is placed. be).

**5.2 What happens during the appointments?**

In the course of your participation, you will come to us 6 times for a study visit. 5 of these appointments are part of your general treatment and are also paid independently of your Study participation. The other 1 appointment is an additional appointment and includes for the research study only. An appointment lasts about 30-45 minutes on average. The The sequence of dates is shown in the illustration below.

We do the following for all appointments:

- We will answer your questions.
- We will ask you questions about your state of health.
- We examine your teeth and gums.
- We use dry ice to check whether the tooth is sensitive to cold.
- We take photos of the front teeth.



220 At the first appointment, we will check whether you meet the requirements for participation in the study.  
 221 fulfill. In addition, we will explain the exact process of the  
 222 study. If you wish, you can take a few days after this appointment,  
 223 to in peace about your participation.

224 If you decide to take part voluntarily, you will be given the following information at the second appointment  
 225 fillings are used. We examine these fillings at the following appointments  
 226 very precisely. In doing so, we evaluate them according to defined criteria in order to find out whether ver-  
 227 colorations occur at the edges of the fillings and how well the materials used  
 228 function.

229 **No data from your medical records will be used or analyzed for this study.**

230 The following schedule shows all the necessary dates:

231 **Schedule: general and additional examinations**

Study visit/Ter-min	The current term	1	2	3	4	5	6
Approximate duration (hours)	0.5	0.75-1.5	0.3-1	0.5	0.5	0.5	0.5
Query on health stood	✓	✓	+	✓	✓	✓	✓
Assessment of tooth sensitivity	✓	✓	+	✓	✓	✓	✓
Cold test tooth	✓	✓	+	✓	✓	✓	✓
Placing dental filling		✓					
Post-polishing dental filling			(+)				
Evaluation dental filling			+	✓	✓	✓	✓
Photos tooth		✓	+	✓	✓	✓	✓

232

233

234 The schedule on the previous page shows all dates. The **general examinations**

235 **courses** are with a **tick (✓)**. The **additional study-specific un**

236 **examinations** are **with a plus sign (+)**. Only these studies represent

237 therefore represent an additional expense for you.

238 We arrange the appointments together with you. You receive a precise overview

239 about the dates. We kindly ask you to inform us quickly if you still need to make an appointment.

240 date important reasons.

### 241 **5.3 When does participation in the study end?**

242 For you, participation lasts 5 years and ends after the 6th date. You can choose your part

243 You can also stop taking the program earlier at any time (→ Chapter 5.4). You do not have to explain why

244 you no longer wish to participate. If you would like to end your participation earlier yourself

245 If you have any questions, please speak to your investigator.

246 If you end your participation prematurely, this has no influence on your further dental treatment.

247 medical care and treatment (→ Chapter 5.4 for alternative treatment options).

248 nes). In this case, we will carry out a final examination for your safety.

249 If you discontinue the study earlier please contact your investigator // your investigator's dentist

250 continue to inform you if your state of health changes, e.g. if you feel unwell.

251 you feel worse or if you have new complaints. If your participation is premature

252 ends, we will retain the data collected up to that point (e.g. information on the status of the payer).

253 and the filling and photographs of the tooth with the filling) are still available for the study.

254 evaluate. Your study data and samples will remain encrypted (→ Chapter 9).

255 We may also have to ask you to end the study early. This is

256 for example if you want to use a material that is used for the fabrication of tooth-colored

257 plastic filling in the study.

### 258 **5.4 What happens if you do not wish to participate?**

259 Even if you are not part in this study, we will treat and care for you dentally.

260 medical treatment in accordance with current standards. If you do not take part in the study

261 If you would like to take part in a clinical trial, your dentist will advise you on alternative options.

262 treatment options.

### 263 **5.5 Pregnancy**

264 Except in emergencies, pregnant and breastfeeding women are generally not allowed to eat.

265 of fillings.

266 For women who may become pregnant: At the time of the filling placement, you may

267 not be pregnant. We will therefore provide you with a pregnancy test,

268 to be able to rule out pregnancy. In addition, at the time of the  
269 filling placement. 270  
271 If pregnancy or breastfeeding occurs during the follow-up period  
272 participation in the study is still possible. In this case, the dates can be  
273 for the follow-up examinations, which only include a short dental check-up, after consultation with the  
dentist.  
274 The dosage can be adjusted in consultation with you and according to your doctor's recommendation.  
275 You will discuss these questions with your examining dentist. 276

## 277 **6 Risks, burdens and side effects**

### 278 **6.1 What risks and stresses can occur?**

279 There are risks and burdens involved in participating in this study, as with any medical study.  
280 treatment. Some risks are already known, others are still unknown. These  
281 Uncertainty is not unusual in the context of studies. In **chapter 6.2** you will find a  
282 List of the most common and most serious risks. Many side effects are (dental) medical  
283 treatable. During the study, we will inform you about all new findings on risks and treatment options.  
284 and side effects.  
285 With a new intervention method, it is possible that there are risks that we have not yet identified.  
286 know.  
287 To date, there have been no studies in the dental literature on the effects of  
288 The shorter exposure time of phosphoric acid gel has a positive effect. However, the dental  
289 adhesion promoters that we use, also for application without prior use of  
290 Phosphoric acid approved. Especially for fillings in the cervical area and fillings in  
291 Many dentists use these bonding agents without phos-  
292 phosphoric acid gel. This indicates that the shortened exposure time of the phosphoric acid  
293 gel is highly unlikely to pose any serious risks.  
294 In addition, there are risks associated with the medical examinations that we are investigating in this  
study.  
295 do. You will already be familiar with some of the tests. In **chapter 6.3** you will find a  
296 List of these risks of the investigations. 297

## 6.2 The most frequent and most serious risks posed by the intervention method

Here you will find information about the most common and most serious side effects, that we already know.

We use the following descriptions for this:

very often	We find the side effect in more than 10 people out of 100 (more than 10%).
frequently	We find the side effect in 1 to 10 people out of 100 (1%-10%).
occasionally	We find the side effect in 1 to 10 people out of 1,000 (0.1%-1%).
rare	We find the side effect in 1 to 10 people out of 10,000 (0.01%-0.1%).
very rare	We find the side effect in less than 1 person in 10,000 (less than 0.01%).

Common side effects are:

- Hypersensitivity or pain after placement of the filling.
    - o Consequences: Depending on the degree of severity, the course of the disease will be described in additional
- The patient is observed at regular intervals or an intervention required. If required a painkiller that you tolerate well. If strong If pain occurs, the filling is replaced or an additional root canal treatment.

Occasional side effects are:

- Chipping, fractures of the filling material and/or the adjacent tooth substance.
    - o Consequences: The filling must repaired or replaced.
  - Partial or complete loss of the adhesive bond between filling and tooth, resulting in partial or complete loss of the filling.
    - o Consequences: The filling must be repaired or replaced.
  - Air pockets in the filling material or underneath the filling
    - o Consequences: Depending on the location and size of the air pocket, the filling repaired or replaced.
  - Minor, superficial injury to the gums
    - o Consequences: Such injuries usually do not require treatment and on their own within about 1-2 weeks. If required
- You can use a wound ointment that you can apply to the gums and/or a Mouthwash solution that supports healing.

Rare side effects are:

- Ingestion of material.
  - o Consequences: Ingestion does not usually lead to any problems, as no side effects are to be expected due to the small quantities.

Very rare side effects are:

- Allergic reactions to components of the filling materials (e.g. Methacrylate plastics), the local anesthetic or the auxiliary parts used in the treatment. can be used.

338                   ○ Consequences: Patients with known or suspected allergies to  
339                    These substances are excluded from treatment with such materials.  
340                   closed. Nevertheless, despite these precautionary measures, in rare cases  
341                   severe allergic reactions, such as anaphylactic shock, can occur.  
342                   shock, which require immediate emergency treatment.

### 6.3 Risks and burdens from examinations in the study

We carry out various dental examinations for this study (→ Chapter 5.2). These examinations are tried and tested procedures. Nevertheless, they can involve risks and They can have a negative impact, i.e. they can be unpleasant. In this study there are the following Risks and burdens:

- Brief pain stimulus due to the cold test on the tooth
- Additional examination date

## 7 Financing and compensation

This study is initiated by the sponsor UZB and is jointly organized by the UZB and the paid by the company Ivoclar Vivadent AG. The filling materials and selected instruments for Ivoclar Vivadent AG will provide you with the necessary tools for placing and polishing the fillings free of charge.

made available.

The researchers involved have no direct financial benefit from the implementation of the project.

conduct of this study.

You have to cover the cost of the plastic filling placed during the study yourself.

to cover the costs. This is done according to the usual fee model for dental treatment in the Switzerland. Payment can be made directly out of your own pocket, via the insurance company or through social security.

Depending on the individual circumstances.

For the first follow-up examination after placement of the filling, which is used to assess the study is necessary and is not of the regular check-up appointments, the patient receives a You will receive a fee of CHF 90.00 per hour. Shorter appointments will be charged accordingly.

proportionately remunerated.

In addition, the travel costs for the first follow-up appointment after the placement of up to CHF 50.00 for 2nd class public transport.

You will not be any additional financial incentives. Your participation in the

The study should be conducted out of genuine interest in research and not for financial compensation.

be carried out.

## 8. results from the study

There are results that concern you These results will be communicated to you by your dentist.

Your test dentist with. There are also incidental findings. Incidental findings are "concomitant results", that are not intended. These can be changes to the oral mucosa, for example. We

inform you if these random results are relevant to your health.

For example, we will inform you if we happen to discover an illness of which you are aware.

we do not yet know and which we can treat. // We will also inform you when we have a

378 Find the risk of a disease that can be prevented by taking preventive measures.  
379 can. If you *do not* wish to be informed, please discuss this with your dentist.  
380 your examining dentist. Some incidental findings are always reported, for example,  
381 if other persons are endangered or if it must be reported by law.

382 There are also the overall results of the study, which are based on the data from all participants.  
383 come. This includes, for example, knowing more about the behavior of the front  
384 dental fillings over time (→ Chapter 4.1). These results will affect you and your  
385 health directly. At the end of the study, your investigator dentist will give you  
386 but would be happy to send you a summary of the overall results of the study if you wish.  
387 the results. In addition, the results are presented in layman's terms after the end of the study.  
388 Language published ([link or reference](#), expected from 2031). 389

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## Part 3:

### Data protection and insurance cover

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#### 9. Protection of data

We protect your data (e.g. information on the condition of your teeth and other dental data). information from your medical history). For the protection of data, the Switzerland has strict legal regulations.

The Swiss Data Protection Act gives you the right to information, rectification and Receipt of your data that is collected, processed and forwarded as part of the study. These rights may be exercised in exceptional cases due to other legal or regulatory requirements. requirements cannot always be guaranteed. If you have any questions, please contact please contact your test .

##### 9.1 Encryption of data

Each study generates data from the investigations (e.g. information on the condition of the teeth and the filling). This data is documented. This is usually done electronically in large tables, the so-called "data collection sheets". All data is documented in encrypted form. "Encrypted" means that personal information that you directly identifiable are stored *separately* from the test results. the. For this purpose, there is a list (key list) that each person is assigned a unique code. identified. For example, your name, date of birth or place of residence are *not* directly listed in the database. data collection form. This key list remains at the institute for a period of 20 years. UZB and is then destroyed. No one else receives this key list. Special exceptions are regulated in chapter 9.5. If we pass on data for the purpose of this study - to other professionals or organizations - we will not be able to use it. organizations that carry out further investigations - then the data is always encrypted. and your personal data is protected. This also applies if the data is transferred abroad. be passed on.



## **9.2 Safe handling of data during the study**

The sponsor UZB is responsible for the secure handling of your data from this Study. He is responsible for ensuring that the applicable laws, e.g. data protection laws, must be complied with. This also applies if (encrypted) data is used for investigations in other countries where data protection laws are less favorable. This is how the sponsor protects your data in this study:

In this study, your data is recorded and transmitted electronically. The data is stored in an encrypted form on an ISO-certified server in the Netherlands (data of high quality) and a backup copy of this data on an ISO-certified storage medium on a server in Ireland. The image data (photographs that exclusively show the teeth, gums and the oral mucosa) are located in a password-protected folder. Only the study team has access to it. They are stored in Microsoft OneDrive, a secure cloud storage service. The image data is not only stored in a single location, but on several servers in different Microsoft repositories. centers around the world - including in North America, South America, Europe, Asia and Australia. Nevertheless, there is always a certain residual risk that strangers may be able to access your personal data (e.g. risk of "hacking").

Sometimes it is important that your family doctor collects data on your medical history. the investigator dentist. This also applies to other doctors who you treat. By giving your consent at the end of the document, you authorize this.

## **9.3 Secure handling of data after the end of the study**

The sponsor remains responsible for the safe handling of the study after the end of the study. Your data. The law stipulates that all study documents, e.g. the data collection The data, including the data sheets, are stored for at least 20 years.

At the end of this long period, study data remains encrypted. Health-relevant data of your medical history, including from this study, are and remain important for your treatment. always accessible.

Once a study has been completed, the results are usually published in scientific journals. The results are published. The results are also reviewed by other experts. Your encrypted data must be forwarded to these specialists. The However, data may not be used for new research purposes. Therefore it would require your separate consent (→ Chapter 9.4).

## **9.4 Further use and disclosure of your data in other, future studies**

Your data from this study is very important for future research. Data which used for this experiment can possibly be used for other experiments. used and/or passed on (also abroad).

454 Please read the additional declaration of consent at the end of the document carefully  
455 by. Please sign the consent form if you wish to carry out further research with your data.  
456 in the future. Even if you do not agree, you can still  
457 in the study.

## 458       **9. 5        Inspection rights during inspections**

459 The implementation of this study can be verified. The review is carried out by  
460 authorities such as the responsible ethics committee. The sponsor must also carry out such reviews.  
461 to the quality of this study and the results.

462 For this purpose, a small number of specially trained people are given insight into your personal  
463 data and your medical history. The data is therefore *not* required for this review.  
464 encrypted. The people who see your unencrypted data are subject to confidentiality.  
465 obligation.

466 As a study participant, you have the right to view your data at any time. 467

## 468 10. insurance cover

469 In the event of damage attributable to an approved and medically standardized  
470 medicinal product / medical device or are also attributable to the use of a standard  
471 therapy would have occurred, the same liability rules apply as in the case of treatment  
472 outside of a study. In such a case, the liability insurance of the  
473 UZB the costs / compensation.

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## 475

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## 486

487 - I have received verbal and written information about the study, namely  
488 by the test dentist who signs below. 489

490 - The investigator has explained to me the purpose, procedure and risks of the  
491 study and the treatment method. 492

493 - I am taking in the study voluntarily.  
494

495 - The examining dentist has explained to me which standard treatments are possible.  
496 there are outside the study. 497

498 - I had enough time to this decision. I keep the written in  
499 formation and receive a copy of my written declaration of consent. 500

501 - I can end my participation at any time. I don't have to explain why. Also  
502 if I stop participating, I will continue to receive my medical treatment.  
503 The data up to this point will be analyzed as part of the study.  
504 valued.  
505

506 - If I resign, the data remains encrypted. 507

508 - If it better for my health, the examining dentist can give me the following information  
509 doctor the study at any time. 510

511 - I understand that my data will only be forwarded in encrypted form for this study.  
512 are sent abroad. The sponsor shall ensure that the data  
513 protection is complied with in accordance with Swiss  
standards. 514

515 - In case of results // In case of results and/or incidental findings that directly affect my health  
516 I will be informed of any changes that affect my health. If I do not wish to be informed, I discuss this  
with  
517 my test . 518

519 - My general practitioner may use data from my medical history that is required for the study.  
520 that are important the investigator. This also applies to an-  
521 other doctors who treat me. 522

523 - The responsible experts of the sponsor, the Ethics Committee and the Drug  
524 *Swissmedic* may view my unencrypted data for inspection. All  
525 these persons are subject to a duty of  
confidentiality. 526

527 - The liability insurance of the institution UZB insures possible damages. 528  
529

Place, date	Surname and first name of in block capitals
	Signature of participant

530

531 **Confirmation of the examining :** I hereby confirm that I have completed the-  
 532 The nature, significance and scope of the study is explained to this participant  
 533 have. I confirm that I have fulfilled all obligations in connection with this study.  
 534 accordance with Swiss law. Should I learn of any aspects in the course of the study,  
 535 which influence the participant's willingness to take part in the study.  
 536 I will her/him of this immediately.

Place, date	Surname and first name of the test in block capitals
	Signature of the examining dentist

537

538 **Declaration of consent for further use and/or disclosure**  
539 **of data in encrypted form**

540 This consent does not concern you in the sense of personal participation in a study. (→  
541 Chapter 9.4 of the patient information).

542 "Further use" means that your data will be stored beyond the time of your participation in the study.  
543 and can be used in encrypted form for further research. The  
544 can mean, for example, that examination results from you that were obtained during dental check-ups  
545 were statistically analyzed together with a large number of other values.  
546 or new tests are carried out with it.

547 "Disclosure" means that your data is passed on to other research persons or research institutes.  
548 institutions in encrypted form for further research projects.  
549 fen. These other research persons or research institutions can also be included in the training program.  
550 country. It is the sponsor's responsibility to ensure that this country has an adequate  
551 level of data protection comparable to that in Switzerland. 552

<b>BASEC number:</b>	
<b>Title of the study</b>	Effect of Phosphoric Acid Etching Duration on the Performance of Direct Resin-Based Composite Restorations in Permanent Anterior Teeth: A Randomized Controlled Single-Center Trial
<b>Layman-understandable title</b>	How does the etching time with phosphoric acid influence the behavior of tooth-colored resin fillings in anterior teeth? A clinical study
<b>Participant:</b> Surname and first name in block capitals: Date of birth:	

- 553
- 554 I authorize the use of my coded data and from this study for the (dental) me-  
555 and passed on (also abroad) for further use in medical research  
556 may.
- 557 - I understand that the data is encrypted and the key is stored securely.  
558 is maintained.
- 559
- 560 - If I resign, the data remains encrypted. 561
- 562

563

Place, date	Surname and first name of in block capitals
	Signature of participant

564

565 **Confirmation of the test** : I confirm that I am authorized to participate in the test.  
566 the nature, significance and scope of the further use and/or further processing of the data.  
567 of samples and/or (genetic) data.

Place, date	Surname and first name of the test dentist in block capitals
	Signature of the examining dentist

568