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### Informed consent

I, (Name.....) have been informed about the study entitled the antimicrobial efficacy of three non-chlorhexidine non-alcohol containing mouth rinses: an in-vitro analysis, by Dr. A. Abdelhadi.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any treatment or care that I would usually be entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at cell phone number (078)312-5655 or via e-mail 3412536@myuwc.ac.za

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

DENTISTRY RESEARCH ETHICS COMMITTEE

Research Office, Tygerberg Campus

Francie van Zyl Drive

Private Bag X1

Tygerberg 7505

Cape Town, SOUTH AFRICA

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Signature of Participant

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DateReferences