



CENIEH

Centro Nacional de Investigación
sobre la Evolución Humana

DATA SHEET – DECIDUOUS TOOTH COLLECTION CAMPAIGN (RP20 ___ - GAD)

- The donor has provided teeth in the past.
 Extraction

WEB/ INDIVIDUAL N° _____

Name and surname	
Date and place of birth (dd/mm/yyyy)/...../..... in..... Country:
Normal place of residence	In..... Country:
Sex	Female <input type="checkbox"/> Male <input type="checkbox"/>
Age of the donor at which tooth fell (as accurate as possible)	

PREGNANCY	<input type="checkbox"/> Intense and regular sport or training during pregnancy. <input type="checkbox"/> Omnivorous diet during pregnancy (if other, please indicate in Remarks). <input type="checkbox"/> Daily or frequent medication during pregnancy (if desired, provide more information in Remarks). <input type="checkbox"/> Stress, illness or hospitalisation during the pregnancy (if desired, provide more information in Remarks). <input type="checkbox"/> Regular unhealthy habits before or during pregnancy (tobacco, alcohol, drugs...)
BIRTH	<input type="checkbox"/> Premature (earlier than 37 weeks of pregnancy or the eighth month) Natural birth Caesarean delivery <input type="checkbox"/> On time (between weeks 37 and 41 of pregnancy or in the ninth month) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> After term (after week 41 of pregnancy or the ninth month)
NURSING	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Bottle-feeding <input type="checkbox"/> Mixed feeding (breastfeeding + bottle-feeding)
1st TOOTH	If known, indicate below which tooth erupted first and at what age:

ASCENDANTS

Relation	Place of birth	Normal place of residence
Father	In..... Country:	In..... Country:
Mother	In..... Country:	In..... Country:
Paternal grandfather	In..... Country:	In..... Country:
Paternal grandmother	In..... Country:	In..... Country:
Maternal grandfather	In..... Country:	In..... Country:
Maternal grandmother	In..... Country:	In..... Country:

REMARKS (other significant data you wish to provide)



Study Code (WEB): **Proyecto RP_____ -GAD**

I, the undersigned,....., the holder of DNI /
NIE / passport number, email,
the father/mother/guardian of

- Have read the information sheet that I have received.
- Have had an opportunity to raise questions about the study.
- Have received sufficient information about the study.

I understand that our participation is voluntary and we may withdraw from the study at any moment and without needing to give explanations, by notifying this wish to the following email address: protecciondedatos@cenieh.es

In the full knowledge of what has been stated above, I freely state our consent to participate in the study and the use of the personal data provided subject to the conditions set out on the information sheet. In witness whereof, I hereby sign this **Informed Consent Form**.

Signature of father/mother/guardian

Signature of the researcher responsible

Name:
Date:

Dr. Marina Martínez de Pinillos González