



DATA SHEET – MILK TOOTH COLLECTION CAMPAIGN (RP ____ - GAD)

- The donor has provided teeth in the past.
 Extraction

WEB/ INDIVIDUAL N° _____

Full name	
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 at which tooth fell (years*)	

*Please state the age as accurately as possible.

BIRTH	<input type="checkbox"/> Premature (earlier than 37 weeks of pregnancy or the eighth month)
	<input type="checkbox"/> On time (between weeks 37 and 41 of pregnancy or in the ninth month)
	<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)

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)

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CENIEH

Centro Nacional de Investigación
sobre la Evolución Humana

Study Code: **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