APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF APPROVAL



Mr. S.O. Modiko P.O. Box 6199 Kroonheuwel KROONSTAD 9501

5 August 2010

Dear Sir

Request For Permission To Conduct A Research Study

Your letter dated 5 August 2010 has reference.

It is my pleasure to inform you that approval has been granted to you to conduct your research study at this hospital in order to fulfil your study requirements.

You are required to ensure full compliance to ethical standards during the period of pur

Patient information must be maintained as confidential and you must report to the hospital Nursing Manager before you commence with your research in order to be directed appropriately to the officials who will assist you.

You must not hesitate to request further assistance through this office, should the need arise. It shall be expected of you to present your research findings to the hospital management team

We wish you all the best for your study.

Yours Sincerely

Acting Chief Executive Officer

For: Head Health

BOITUMELO REGIONAL HOSPITAAL PRIVATE BAG X47 KROUNSTAD 9500

"Health Our college 18- 05

MANAGER: CLINICAL SUPPORT SERVICE

Dr. J.S. Els Boitumelo Regional Hospital Private Bag X47, Kroonstad, 9500 Tel: (056) 2165200 Fax: (056) 2127858 E-mail Address: ElsJS@(shealth.gov.za



Mr SO Modiko P O Box 6199 Kroonheuwel Kroonstad 9505 South Africa Faculty of Health Sciences Medical School, 7 York Road, Parktown, 2193

Fax: (011) 717-2119 Tel: (011) 717-2745

Reference: Ms Tania Van Leeve E-mail: tania.vanleeve@wits.ac.za

leeve@wits.ac.za 13 August 2010

Person No: 0718862V

PAG

Dear Mr Modiko

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "The use of blood and blood products in the maternity ward of Boitumelo Regional Hospital" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn

Faculty Registrar

Faculty of Health Sciences

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

LIUMAN RESEARCH	ETHICS COMMITTEE	(MEDICAL)

R14/49 Mr Modiko O Serahome

CLEARANCE CERTIFICATE

M10829

PROJECT

The Use of Blood and Blood Products in the Maternity Ward of Boitumelo Regional Hospital

INVESTIGATORS

Mr Modiko O Serahome.

DEPARTMENT

School of Public Health

DATE CONSIDERED

26/08/2011

M100DECISION OF THE COMMITTEE*

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE

26/08/2011

CHAIRPERSON

(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor:

Dr D Basu

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10004, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. Lagree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

APPENDIX B: DATA COLLECTION INSTRUMENTS

TOOL 1: USE OF BLOOD AND BLOOD PRODUCTS

		Unit Cost	ost			Number used	r used			Total Cost	Sost	
Month	Whole Blood	RBC	Plasma	Platelet	Whole Blood	RBC	Plasma	Platelet	Whole Bood	RCB	Plasma	Platelet
April												
May												
June												the state of the s
July												
August												
September												
October												
November												
December									***			
January												
February												
March												

TOOL 2: PATIENT DEMOGRAPHIC AND ANTENATAL PROFILE

No of AN Admn										
AN dis Specify										
AN dis Ease (yes/no)										
Book Blood Results Hb										
Number of ANC Visits										
Gest Age (weeks)										
Parity										
Hospital Classifica- tion							·			
Ethnicity							* *			
Age										
Study no						-				
Date										

TOOL 3: PATIENT IN . AAPARTUM AND POST PARTUM F., OFILE

	 ·	 γ	·	 		 				 	 	 	
PP Comp Time Occur					**************************************								
PP comp Speficy													
PP comp Yes/No													
Intrapartum Dis Specify													
Intrapartum Dis (Yes/No)								-					
Blood Pit													
Blood Hct													
Blood Hb						-							
Total Blood loss													
Mode of del													
Study no								*					
Date									- '				

TOOL 4: TRANSFUSION PROFILE

Rejection Reason				,		The Addition of the		
Transf Unit Rejected								
Transf Unit								
Transf Type								
Transf								
Pit level- Post								
Hct Level- Pit level- Pit level- Transf Post Platelet Post Ind								
Hct Level- Post								
Hct Level- Pre								
Hb Level- Post		1,					## VI	
Hb Level- Pre								
Preg status at the time of trans							-	
Time Admin		: -						
Time								
Time Ordered								
Time								
Study				Ų.	-			
Date								