

Appendix A

PATIENT CONSENT FORM

Dear patient

My name is Dr. Jameel Desai and I am a registrar specializing in the Division of Maxillofacial & Oral Surgery. As part of my training, I am conducting a study about fractured mandibles (broken jaw bones) by recording some details on the injury from the clinical records. I would like to ask for your help; by allowing me to use your clinical records for the purposes of this study. It is hoped that our department will better understand this injury, and hopefully improve on our service to all of our patients. You will remain anonymous, your name will not form part of the study, and all information gathered is strictly confidential and will be used solely for research purposes. Participation in this study is completely voluntary, if you decide not to participate, or to stop participating this will not affect your treatment in any way.

THE DOCTOR HAS EXPLAINED HIS INTENTIONS TO ME AND I AGREE TO PARTICIPATE IN THIS STUDY. I DO SO FREELY AND UNDERSTAND THAT I MAY WITHDRAW AT ANY TIME, WITHOUT COMPROMISING MYSELF OR ANY TREATMENT DUE TO ME.

PATIENT SIGNATURE..... DATE.....

Appendix C

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Desai

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M040324

PROJECT

- a prospective audit of Jhb patients.

Patterns as related to mechanism and nature of injury

INVESTIGATORS

Dr J Desai

DEPARTMENT

Maxillo Facial & Oral Surgery

DATE CONSIDERED

04.03.26

DECISION OF THE COMMITTEE*

Approved unconditionally

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

DATE 04.04.30

CHAIRPERSON.....



(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Prof J F Lownie

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 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. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES