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The use of blood and blood products in the maternity ward of Boitumelo Regional Hospital

Modiko, Serahome Obed

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APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF APPROVAL

boitumelo hospital
Department of Health
Boitumelo Regional Hospital
FREE STATE PROVINCE

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 your research study.
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 at the time mutually agreed upon.

We wish you all the best for your study.

Yours Sincerely

J.S. Els

Acting Chief Executive Officer
For: Head Health

"Health Our Concern"

BOITUMELO REGIONAL HOSPITAAL
PRIVATE BAG X47
KROONSTAD 9500
2010 -08- 05
J. S. ELS
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@fshealth.gov.za

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
13 August 2010
Person No: 0718862V
PAG

Mr SO Modiko
P O Box 6199
Kroonheuwel
Kroonstad
9505
South Africa

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)

HUMAN 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. **I agree 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

Month	Unit Cost				Number used				Total Cost			
	Whole Blood	RBC	Plasma	Platelet	Whole Blood	RBC	Plasma	Platelet	Whole Bood	RCB	Plasma	Platelet
April												
May												
June												
July												
August												
September												
October												
November												
December												
January												
February												
March												

TOOL 2: PATIENT DEMOGRAPHIC AND ANTENATAL PROFILE

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

TOOL 3: PATIENT INTRAPARTUM AND POST PARTUM PROFILE

Date	Study no	Mode of del	Total Blood loss	Blood Hb	Blood Hct	Blood Plt	Intrapartum Dis (Yes/No)	Intrapartum Dis Specify	PP comp Yes/No	PP comp Speficy	PP Comp Time Occur

TOOL 4: TRANSFUSION PROFILE

Date	Study no	Time prescribed	Time Ordered	Time Received	Time Admin	Preg status at the time of trans	Hb Level-Pre	Hb Level-Post	Hct Level-Pre	Hct Level-Post	Plt level-Platelet	Plt level-Post	Transf Ind	Transf Type	Transf Unit	Transf Unit Rejected	Rejection Reason