

APPENDIX 1

DATA COLLECTION SHEET

Record No.: _____

Data Set

Age: _____

Sex: _____

[illegible]

Prescription:

Dispensed Medication:

Prescriber:

Code

APPENDIX 2

University of The
Witwatersrand
Faculty of Health Sciences
7 York Road
Parktown
2193

CONSENT FORM

1. I,
.....
.....
am willing to participate and consent to being enrolled into the study entitled:
"Prescribing Patterns for Patients Attending A Health Center in An
Informal Urban Settlement in Gauteng for the Period March 2003 to
June 2003"
2. The investigator has explained procedures to me and I understand
and appreciate their purpose, any risks involved and the extent of my
involvement.
3. I understand that the study forms part of a research project, and may
not provide any direct benefit to me.
4. I understand that all experimental procedures have been sanctioned
by the Research Committee of the University of the Witwatersrand,
Johannesburg.
5. I understand that I can reserve the right not to take part in the study
at any time and that I will not suffer as a result in any way.

.....

Participant/Patient	Date
.....
Investigator	Date
.....
Witness	Date
Investigator: Ntiyiso Shingwenyana	
Phone: (011) 717 2044 (W)	(011) 795 2023 (H)

APPENDIX 3

**University of The Witwatersrand
Faculty of Health Sciences
7 York Road
Parktown
2193**

SUBJECT INFORMATION FOR PATIENTS ATTENDING A HEALTH CENTER IN AN INFORMAL SETTLEMENT

Dear Patient,

My name is Ntiyiso Shingwenyana, I am presently registered for a Masters Degree in Public Health with the University of the Witwatersrand. I have chosen to conduct research in the area of diagnosis of disease and drug prescription within an urban informal settlement setting. The aim of my research is to understand the patient profiles, patterns of diseases as well as the prescribing habits of health workers.

I therefore need to view your record in order to obtain the relevant information about what age groups of patients use the clinic, what illnesses are they suffering from, which medicines are prescribed to them as well as which medicines are available to them from the clinic.

Please note that your participation will be strictly on a voluntary basis and should you decide not to participate or withdraw from the study, you will not be victimised on the basis of your decision.

Furthermore, you are advised that the study forms part of a research project and that your privacy will be protected as no names are going to be used in any write up of the study also may not benefit you in any direct way.

Should you wish to take part in the study, please read and sign the consent form accompanying this information sheet.

Yours sincerely

Ntiyiso Shingwenyana(Mr)

APPENDIX 4

Ethical Clearance Certificate

APPENDIX 5
Region 5 Permission

APPENDIX 6

Regions 1 and 2 Permission