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Optic nerve sheath diameter on CT brain as a predictor of morbidity and mortality in patients with traumatic brain injury

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CONSENT FORM

Study tittle: Optic Nerve Sheath Diameter on CT brain as a predictor of morbidity and mortality in patients with Traumatic Brain Injury

Dear Patient,

You are currently admitted to CHBAH/CMJAH for treatment of your neurosurgical problem/condition. The hospital not only renders treatment but is also actively involved in conducting research together with the University of the Witwatersrand aimed at improving the quality of care that we deliver. From time to time such research involves the use of patient records from which information is extracted. The use of such information is subject to the following:

1. Approval from the Human Research Ethics Committee (Medical) of the University of the Witwatersrand.
2. Identity of a patient from whose file information is extracted is never revealed to anyone but the researcher unless specific consent is obtained to do so. The information gathered does not contain the name of the patient but only a coded number so as to maintain anonymity.

We would like to obtain your consent to use information from your file/clinical records and scans for the purpose of research, subject to the aforementioned conditions. If you choose not to give consent, this will not compromise your treatment in any way. If at any time you choose to withdraw consent you are free to do so and will not be prejudiced in any way.

Should you wish to contact us at any stage regarding consent/study, please call Dr. Motlhabane Madumo at (011) 9338103.

A. Consent Given

I_____ hereby give consent for patient/relative's records to be used as per the above mentioned conditions for the purposes of research:

PATIENT: _____ DATE: _____

B. Consent Not Given

I _____ do not give consent for patient/relative's records to be used:

PATIENT: _____DATE: _____