APPENDIX F

CONSENT FORM

Study tittle: Outcome prognosticators in patients with severe Traumatic Brain Injury

Dear Patient,

You are currently admitted to CMJAH/CHBAH for treatment following traumatic brain injury. The hospital and Wits University staff not only renders treatment but is also actively involved in conducting research 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 are currently involved in research that requires us to use your medical information in the abovementioned study. We would like to obtain your consent to use information from your file 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, contact Dr. Lebohang Modikeng at (011) 9338104.

A. Consent Given

I_____ hereby give consent for my records/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 my/relative's records to be used:

PATIENT: _____DATE: _____