Patient No.	Gender	Gestational Age (weeks)	Birth Weight (grams)	HRR Risk Factors						Other Risk Factors
				NICU >48 hrs	Syndrome	In-utero infections	Neonatal Indicators			
							Mechanical Ventilation	Neonatal Jaundice	Ototoxic Medication	
1	Male	31	1176	No		HIV-Unknown	No	Yes		Premature, HMD
2	Female	30	1150	No		HIV-Positive	No			Premature
3	Female	31	1210	No		HIV-Negative	No	Yes		Premature
4	Female	33	680	No		HIV-Negative	No	Yes		Premature, Anaemia, Hyperglycaemia, Renal Dysfunction
5	Male	33	1200	No		HIV-Unknown	No	Yes		Premature
6	Male	30	1192	No		HIV-Positive	No	Yes		Premature
7	Male	32	1470	No		HIV-Negative	No			Premature, Eclampsia
8	Male	29	1300	Yes		HIV-Positive	Yes-IPPV	Yes		Premature, Hypoxia, HMD, IVH I, Renal Dysfunction
9	Female	29	1058	No		HIV-Negative	No	Yes		Premature, HMD
10	Female	36	1240	No		HIV-Negative	No	Yes		Premature
11	Female	36	1450	No		HIV-Negative	No	Yes		Premature
12	Female	33	1440	No		HIV-Negative	No	Yes		Premature, Eclampsia
13	Female	31	1440	No		HIV-Negative	No	Yes		Premature
14	Male	30	1230	No		HIV-Negative	No			Premature
15	Female	34	1500	No		HIV-Negative	No	Yes		Premature
16	Male	34	1220	No		HIV-Negative	No	Yes		Premature, Eclampsia
17	Female	28	984	No		HIV-Negative	No	Yes		Premature
18	Male	32	1240	No		HIV-Positive	No	Yes	Yes	Premature
19	Female	34	1420	No		HIV-Positive	No		Yes	Premature
20	Female	28	970	Yes		HIV-Negative	Yes-IPPV	Yes		Premature,Hypoxia, IVH II, Renal Dysfunctiom
21	Male	30	906	No		HIV-Negative	No	Yes		Premature, Anaemia
22	Male	34	1202	No		HIV-Unknown	No	Yes		Premature
23	Male	34	1156	No		HIV-Unknown	No	Yes		Premature
24	Male	32	1250	No		HIV-Negative	No	Yes		Premature
25	Male	34	990	No		HIV-Negative	No	Yes		Premature, HMD
26	Female	28	970	No		HIV-Refused	No		Yes	Premature, Hyperglycaemia, Renal dysfunction
27	Male	29	1076	No		HIV-Refused	No	Yes	Yes	Premature
28	Male	27	1170	No		HIV-Negative	No	Yes		Premature, Birth Asphyxia, HMD
29	Female	28	1010	Yes		HIV-Negative	Yes-IPPV	Yes		Premature, Hypoxia, HMD
30	Female	30	1500	No		HIV- Refused,Syphilis	No			Premature
31	Male	30	1189	No		HIV- Negative	No			Premature
32	Male	33	1400	No		HIV-Positive	No	Yes		Premature
33	Male	30	1100	No		HIV- Negative	No	Yes		Premature
34	Male	33	1440	No		HIV-Refused	No	Yes		Premature
35	Female	35	1450	No		HIV-Unknown	No	Yes		Premature, HMD,Eclampsia
36	Female	32	1110	No		HIV-Negative	No			Premature, HMD
37	Female	28	1008	No		HIV-Refused	No	Yes		Premature, HMD
38	Female	32	1160	No		HIV-Negative	No	Yes		Premature
39	Male	28	1182	Yes		HIV - Negative	Yes-IPPV	Yes		Premature, HMD
40	Female	35	1467	No		HIV-Unknown	No	Yes		Premature
41	Female	30	1085	Yes		HIV- Negative	Yes-IPPV	Yes		Premature, HMD Grade III, Anaemia, Renal failure
42	Female	30	1030	No		HIV-Negative	No	Yes		Premature, IVH II
43	Male	30	1000	No		HIV-Unknown	No	Yes		Premature, Renal dysfunction
44	Female	26	910	No		HIV-unknown	No	Yes	Yes- Vancomycin, Tazocin	Premature, HMD
45	Male	31	1246	No		HIV-Negative	No	Yes	Yes	Premature
46	Female	30	1368	No		HIV-Unknown	No	Yes		Premature
47	Male	27	1170	No		HIV-Refused	No	Yes	Yes	Premature
48	Female	35	1190	No		HIV-Negative	No			Premature
49	Female	40	1360	No		HIV-Positive	No	Yes		
50	Male	32	1438	No		HIV-Positive	No			Premature
51	Male	27	1220	No		HIV-Negative	No	Yes		Premature
52	Female	30	1200	No		HIV-Unknown	No	Yes		Premature, IVH I
53	Male	32	1500	No		HIV-Unknown	No	Yes		Premature
54	Female	32	1160	No		HIV-Positive	No	Yes		Premature
55	Female	29	790	No		HIV-Negative	No	Yes	Yes- Amikacin, Vancomycin	Premature, IVH I
56	Female	28	970	No		HIV-Positive	No	Yes		Premature
57	Female	30	1150	Yes		HIV-Refused	Yes-IPPV	Yes		Premature
58	Male	31	1480	No		HIV-Negative	No	Yes		Premature
59	Female	35	1250	No	11th chromosome deletion	HIV-Negative	No	Yes		Premature, IVH II
60	Male	33	1150	No		HIV-Negative	No	Yes		Premature, Hyperglycaemia
61	Female	28	1038	No		HIV-Negative	No- (CPAP only)	Yes		Premature
62	Female	28	690	No		HIV-Negative	No	Yes		Premature, IVH II, Renal dysfunction
63	Female	30	1044	Yes		HIV-Positive	Yes-IPPV	Yes		Premature, Hypoxia, IVH II, Renal dysfunction
64	Male	29	1010	No		HIV-Negative	No- (CPAP only)	Yes		Premature, Hypoxia, HMD
65	Male	34	1330	No		HIV-Negative	No	Yes		Premature
66	Male	34	1305	No		HIV-Negative, chorioamnionitis	No	Yes		Premature, IVH II
67	Female	33	1330	No		HIV-Negative	No	Yes		Premature
68	Female	31	1180	No		HIV-Negative	No	Yes		Premature, HMD

69	Male	36	1454	No		HIV-Positive	No	Yes		Premature, HMD
70	Female	28	1010	Yes		HIV-Negative	No	Yes		Premature
71	Female	36	1370	No		HIV-Positive	No			Premature, Hypoglycaemia
72	Female	34	1418	Yes		HIV-Unknown	Yes-IPPV	Yes		Premature, HMD, Hyperglycaemia
73	Female	28	1100	No		HIV-Negative	No	Yes		Premature, Hypoglycaemia
74	Male	30	1358	Yes		HIV-Positive	Yes-IPPV	Yes		Premature
75	Female	28	1000	Yes		HIV-Negative	Yes-IPPV	Yes		Premature, Hypoxia, IVH II
76	Female	28	728	No		HIV-Negative	No	Yes		Premature, IVH II
77	Female	32	1230	No		HIV-Refused	No	Yes		Premature
78	Male	32	1130	No		HIV-Positive	No	Yes		Premature
79	Female	30	1390	No		HIV-Unknown	No	Yes		Premature, Hypoglycaemia
80	Female	30	1400	Yes		HIV- Unknown	Yes-IPPV	Yes		Premature, IVH III
81	Male	33	1450	Yes		HIV-Unknown	Yes-IPPV	Yes		Premature, Birth Asphyxia
82	Female	33	1000	No		HIV-Refused	No	Yes		Premature, IVH II, Hyperglycaemia
83	Female	30	1090	Yes		HIV-Negative	Yes-IPPV	Yes		Premature
84	Female	35	1430	No		HIV-Unknown	No	Yes		Premature
85	Female	31	1400	No		HIV-Refused	No	Yes	Yes- Amikacin, Rocephin, Nuelin	Premature
86	Female	30	1290	No		HIV-Negative	No	Yes		Premature

Initial OAE Screening Results (P=Pass, R=Refer, N=Noisy)																Repeat OAE Screening Results (P=Pass, R=Refer, N=Noisy)															
Left								Right								Left								Right							
750Hz	*1kHz*	*2kHz*	*3kHz*	*4kHz*	*6kHz*	*8kHz*	*Overall*	*750Hz*	*1kHz*	*2kHz*	*3kHz*	*4kHz*	*6kHz*	*8kHz*	*Overall*	*750Hz*	*1kHz*	*2kHz*	*3kHz*	*4kHz*	*6kHz*	*8kHz*	*Overall*	*750Hz*	*1kHz*	*2kHz*	*3kHz*	*4kHz*	*6kHz*	*8kHz*	*Overall*
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy	N	N	N	R	R	P	P	Refer	N	N	P	P	P	R	P	Pass
N	N	N	N	R	R	R	Refer	N	R	R	R	R	R	R	Refer																
P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass	N	N	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass
N	R	N	R	P	P	P	Refer	N	N	P	P	R	R	P	Refer																
P	P	P	P	P	P	P	Pass	P	R	P	P	R	P	P	Pass																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	P	N	R	R	R	R	Refer	N	P	N	R	R	R	R	Refer	N	N	N	N	R	R	P	Refer	R	R	P	R	R	R	P	Refer
N	N	R	R	R	R	R	Refer	N	N	R	R	R	R	R	Refer	N	N	P	P	P	P	P	Pass	N	N	P	P	P	P	P	Pass
N	P	R	R	P	R	P	Refer	N	N	N	P	P	P	P	Pass																
N	N	R	R	P	P	P	Refer	N	N	P	R	R	R	P	Refer																
N	P	R	R	P	R	P	Refer	R	N	N	P	P	P	P	Pass	P	R	P	P	R	P	P	Pass	P	P	N	P	P	P	P	Pass
R	P	P	P	P	P	R	Pass	N	N	R	R	R	R	R	Refer																
N	N	N	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass																
N	N	P	R	P	P	P	Pass	N	P	P	P	P	P	P	Pass																
P	P	P	R	R	R	P	Refer	P	P	P	R	R	R	P	Refer																
N	N	P	P	R	R	P	Refer	N	N	N	P	P	P	P	Pass																
P	N	P	P	P	P	P	Pass	P	P	P	R	P	P	P	Pass																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	N	N	R	R	P	Refer	N	N	N	R	R	R	P	Refer	P	P	N	R	R	R	P	Refer	N	N	N	P	P	P	P	Pass
N	N	N	N	N	N	N	Noisy	P	N	P	P	P	P	P	Pass																
R	R	P	P	P	P	P	Pass	R	R	P	R	P	P	P	Pass																
N	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass																
N	P	P	P	P	P	P	Pass	N	R	R	R	R	R	R	Refer	N	N	N	N	N	N	P	Refer	N	N	N	N	N	N	P	Refer
N	N	P	R	R	R	P	Refer	P	P	P	P	P	R	P	Pass																
R	R	P	P	P	R	P	Pass	N	N	P	R	P	R	R	Refer																
P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass																
N	N	P	P	P	R	P	Pass	N	N	N	P	P	P	P	Pass	R	R	P	R	P	P	P	Pass	R	R	R	P	P	P	P	Pass
N	N	N	N	N	N	N	Noisy	N	N	N	R	R	R	P	Refer																
P	P	P	P	P	P	P	Pass	N	N	N	N	N	N	N	Noisy																
N	P	R	N	R	P	R	Refer	N	N	N	N	N	N	N	Refer																
P	P	P	P	P	P	P	Pass	N	R	R	R	R	R	P	Refer	P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass
P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass																
N	N	N	R	R	R	P	Refer	N	N	R	R	P	R	R	Refer	P	N	R	R	R	R	R	Refer	P	N	P	P	P	P	P	Pass
P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass																
N	R	R	P	P	P	P	Pass	P	N	P	R	P	P	P	Pass																
R	P	P	P	P	P	P	Pass	N	N	N	N	N	N	N	Noisy																
P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass
N	R	P	P	P	P	P	Pass	N	N	P	P	P	P	P	Pass																
N	N	N	N	N	N	N	Refer	N	N	N	N	N	N	N	Refer																
P	N	P	P	P	P	P	Pass	P	P	P	P	P	R	P	Pass																
N	N	P	R	R	R	P	Refer	N	P	P	R	R	R	R	Refer																
P	N	N	P	P	P	P	Pass	N	P	P	P	P	P	P	Pass																
R	R	P	P	P	R	P	Pass	P	P	P	P	R	R	P	Refer																
N	N	P	P	R	R	R	Refer	N	R	P	P	P	P	R	Pass																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	R	R	R	R	P	Refer	N	N	P	P	P	P	P	Pass																
N	N	P	P	P	P	P	Pass	P	P	P	N	P	P	P	Pass	P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass
N	N	P	P	P	R	P	Pass	P	R	P	P	R	R	P	Refer																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	N	N	P	R	P	Refer	P	P	P	R	R	P	P	Refer																
N	N	R	R	R	R	P	Refer	P	P	R	R	R	R	P	Refer																
N	N	P	P	P	P	P	Pass	N	P	P	R	P	P	P	Pass																
N	N	P	P	P	P	P	Pass	N	N	N	N	N	N	N	Noisy	P	N	P	P	R	R	P	Refer	N	N	P	P	P	P	P	Pass
P	P	P	P	P	R	R	Refer	N	N	P	P	P	P	P	Pass	N	N	N	P	P	P	P	Pass	N	N	N	N	N	N	N	Noisy
N	P	P	R	P	P	P	Pass	N	N	P	R	P	P	P	Pass																
N	N	N	N	N	N	N	Noisy	N	N	P	P	R	P	P	Pass																
N	R	R	R	R	R	R	Refer	N	N	R	R	R	R	P	Refer																
N	P	N	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass	P	P	P	P	P	P	P	Pass
N	N	N	N	R	R	P	Refer	N	N	N	P	P	P	P	Pass																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	P	P	P	P	R	R	Refer	N	N	R	R	R	R	R	Refer	N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy																
N	N	R	R	R	R	P	Refer	P	R	R	R	R	R	P	Refer	N	N	N	N	N	N	N	Noisy	N	P	P	P	P	P	R	Pass
N	N	P	P	P	P	R	Pass	N	N	N	N	P	R	N	Refer																
P	P	N	N	R	R	P	Refer	N	N	P	P	R	R	P	Refer	N	N	R	R	R	R	R	Refer	P	N	N	R	R	R	P	Refer

Appendix 1

P	P	P	R	R	R	P	Refer	N	N	P	R	R	P	P	Refer																
N	N	N	R	R	R	P	Refer	N	P	P	R	R	R	R	Refer	N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy
N	P	P	P	P	P	P	Pass	N	P	P	P	P	P	P	Pass	N	N	R	R	R	R	R	Refer	N	N	N	R	R	R	P	Refer
N	N	P	N	P	P	P	Pass	N	N	P	P	P	P	P	Pass	N	P	R	R	R	R	R	Refer	N	P	N	R	N	R	R	Refer
N	N	P	R	R	R	P	Refer	N	N	N	N	R	R	R	Refer																
N	P	P	P	R	R	P	Refer	N	N	P	R	R	R	P	Refer																
N	N	R	N	R	R	P	Refer	P	P	P	R	N	N	P	Refer	N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy
N	N	N	N	N	N	N	Noisy	N	N	N	N	N	N	N	Noisy	N	P	R	R	R	R	R	Refer	N	N	P	P	P	R	R	Refer
N	N	R	R	R	R	P	Refer	P	P	R	R	R	R	P	Refer	N	N	N	P	P	P	P	Pass	N	R	N	P	P	P	P	Pass
N	N	N	N	N	N	N	Noisy	P	P	P	P	P	P	P	Pass	R	R	P	P	P	P	P	Pass	R	R	P	P	P	P	P	Pass
N	P	P	P	R	R	R	Refer	N	N	N	R	P	P	P	Refer	P	P	P	P	P	P	P	Pass	R	R	P	P	P	P	P	Pass
P	P	P	P	P	P	P	Pass	N	N	N	N	N	N	N	Noisy																
N	N	P	P	P	P	P	Pass	Not tested																							
N	N	P	P	R	P	P	Pass	Not tested																							
N	N	N	P	P	P	P	Pass	N	P	R	R	P	R	P	Refer																
N	N	P	P	P	P	P	Pass	N	P	P	P	P	P	P	Pass	P	P	P	P	R	P	P	Pass	N	N	N	N	N	N	N	Noisy
N	P	N	R	R	R	P	Refer	P	N	R	R	R	R	P	Refer																
P	N	P	R	R	P	R	Refer	N	N	N	P	R	R	R	Refer																

Consent form for follow up of very low birth weight infants.

Hello,

My name is ____. I work in the neonatal unit and I want to tell you about a study that we are doing.

Your baby's weight at birth was less than 1500 grams which we call "Very Low Birth Weight" or VLBW. These little babies may have complications when they grow older as a result of being born so small. It is important for us to know how many VLBW babies from our unit are doing well after hospital discharge. This will tell us whether the way we are treating VLBW babies is acceptable or whether we need to change some of our practices. It is also important to identify these problems in each patient, so that treatment can be started as needed. For example, if a baby is deaf, the outcome is much better if treatment is started early.

We are doing a follow up study of VLBW babies from the Johannesburg neonatal unit from the time of discharge until the age of 12 to 15 months. I wish to ask your permission for your baby to take part in our study. All babies discharged from the neonatal unit are asked to come back to follow up as part of their routine care. Taking part in the study will therefore not be very different. The following things apply if you agree to take part in the study:

- We will ensure that all screening tests e.g. for eye problems are done before your baby is discharged.
- Your baby's hearing will be screened at the time of discharge and again at 6 to 9 months of age.
- Your baby will be tested at the age of 12 to 15 months by a physiotherapist to see if he/she is developing normally.
- We will remind you to come back for follow up if you miss a visit.
- We will give you a small amount of money to help cover transport costs at each visit.

It is possible that your baby may benefit by taking part in the study, as problems may be identified and treated earlier. There is no risk to your baby from this study.

Please be assured that all information regarding you and your baby is kept strictly confidential and is not disclosed to anyone except the hospital staff involved in the study.

Taking part in the study is entirely voluntary and if you prefer not to participate, this will not alter your baby's care in any way. You are also free to withdraw from the study at any time.

If you have any questions about the study, please contact ____________________ on telephone _________________.

I ____Parent / Guardin of ____ agree to allow my baby to take part in the VLBW follow up study.

Parent / Guardian

Name: ____

Signed: ____

Date: _________________________________ Place: ____________________

Research person:

Name: ____

Signed: ____

Date: _________________________________ Place: ____________________

Translator (if applicable)

Name: ____

Signed: ____

Date: _________________________________ Place: ____________________

Appendix 3

Department of Speech Therapy and Audiology,
Area 295
Charlotte Maxeke Johannesburg Academic Hospital
Private Bag X39
JOHANNESBURG
2000
Phone No.: (011) 488 4293/6
Fax No.: (011) 488 4228

Dear Prof. Ballot

I am currently working at the hospital in the Department of Speech Therapy and Audiology, and am registered as a Postgraduate Masters student in the Discipline of Audiology, at the University of the Witwatersrand. In fulfillment of my degree, I am required to complete a dissertation.

I have a keen interest in Audiology and have chosen to investigate the audiological functioning in high-risk neonates as a research topic. I am required to submit my research proposal to the University's Medical Ethics Committee and will only be able to commence with the study once permission has been granted.

Hence, I would like to request consent for the use of the hearing screening data from the Very Low Birth Weight Study. Attached is an information sheet explaining what the research would involve.

Kind Regards

AKanji

A. Kanji
Speech-Language Therapist & Audiologist

Audiological function in a group of very low birth weight neonates in a tertiary hospital in Johannesburg, Gauteng.

Amisha Kanji
Department of Speech Pathology & Audiology

Background

The prevalence of hearing loss is increasing globally. Early detection of hearing loss in neonates is vital as it impacts on communication, emotional and social development. This is particularly important in neonates presenting with high risk factors for hearing loss. Despite South Africa having a relatively well- developed infrastructure compared to other regions in Sub-Saharan Africa, infant hearing screening programs are far from common practice, which may be due to the availability of very little contextual research on infant hearing screening as well as the prevalence of hearing loss.

Risk factors for hearing loss may also vary across communities. The analysis of data obtained via newborn hearing screening may therefore assist in identifying, measuring and tracking these risk factors, which may assist in guiding the development of relevant protocols in South Africa.

Aims

This study primarily aims to investigate the relationship between the number of high risk factors and initial screening results obtained by otoacoustic emissions. It further aims to investigate the prevalence of high-risk factors for hearing loss, the prevalence of hearing loss as well as the correlation between initial and follow-up screening results.

Subjects and Methods

Hearing screening data from a group of very low birth weight neonates with high-risk indicators for hearing loss will be analysed. The Health Professions Council of South Africa 2007 registry as well as other potential risk factors believed to be significant will be utilized. Statistical analysis of data will be performed using both qualitative and quantitative measures

Ethics

Consent for the use of data will be requested from the Department of Paediatrics. Approval by the Human Ethics Committee of the University of the Witwatersrand will be ensured. For the purposes of this study, confidentiality and anonymity of the participants will be maintained.

Department of Paediatrics and Child Health
Johannesburg Hospital
8 April 2009

Dear Amisha

Re: Hearing screening in VLBW infants

You have my permission to use the hearing screening data from the VLBW follow up study for your MSC research project. The ethics approval number for the study is M060546. I trust that you will acknowledge the source when appropriate. I have attached a blank informed consent form as requested

Yours sincerely

Daynia Ballot

Daynia Ballot
Principal Specialist

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Miss Amisha Kanji

CLEARANCE CERTIFICATE	**M090565**
PROJECT	Audiological Functioning in a Group of Very Low Birth Weight Neonates in a Tertiary Hospital in Gauteng, South Africa
INVESTIGATORS	Miss Amisha Kanji.
DEPARTMENT	Speech pathology & Audiology
DATE CONSIDERED	09.05.29
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 09.05.29 **CHAIRPERSON** ....
(Professor P E Cleaton Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr K Sahngase-Khoza

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.** AKanji

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

Faculty of Humanities - Postgraduate

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Student Number: 0306517N

Ms A Kanji
P O Box 39269
Booysens
Johannesburg
2016

05 June 2009

Dear Ms Kanji

APPROVAL OF PROPOSAL FOR THE DEGREE OF MASTER OF ARTS IN AUDIOLOGY BY RESEARCH

I am pleased to be able to advise you that the readers of the Graduate Studies Committee have approved your proposal entitled *""Audiological function in a group of very low birth weight neonates in a tertiary hospital in Johannesburg, Gauteng"* and you have now been admitted to full candidature. I confirm that Dr K Khoza-Shangase has been appointed your supervisor in the Discipline of Speech Pathology and Audiology.

The research report is normally submitted to the Faculty Office by 15 February, if you have started the beginning of the year, and for mid-year the deadline is 15 August. All students are required to RE-REGISTER at the beginning of each year.

You are required to submit 2 bound copies and 1 CD in pdf (Adobe) format of your research report to the Faculty Office. The 2 bound copies go to the examiners and are retained by them and the 2 corrected unbound copies are eventually sent to Archives and to the Library.

Please note that should you miss the deadline of 15 February you will be required to submit an application for extension of time and register for the research report extension. Any candidate who misses the deadline of 15 February will be charged full fees for the year.

I should be glad if you keep us informed of any changes of address during the year.

Note: All MA and PhD candidates who intend graduating shortly must meet your ETD requirements at least 6 weeks after your supervisor has received the examiners reports. **Students must remain registered at the Faculty Office until graduation.**

Yours sincerely

Nadia Mohamed (Ms)
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