

Informed Consent

I

.....
.... (Please PRINT) have been informed about the study entitled "to be conducted by Dr. Yasir Mohamd Elmukhtar and have read the information sheet

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time,


If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:


Dr Yasir Mohamed Elmukhtar
Phone no 0744349458
Email: yasermokhtar48@yahoo.com

Signature of Participant

Date

Appendix 4: Ethical Approval University of Western Cape

 **Office of the Deputy Dean**
Postgraduate Studies and Research
Faculty of Dentistry & WHO Collaborating Centre for Oral Health



UNIVERSITY OF THE WESTERN CAPE
Private Bag X1, Tygerberg 7505
Cape Town
SOUTH AFRICA

Date: 6th June 2014

For Attention: Dr YM Elmukhtar (St. No. 3318690)
Faculty of Dentistry
Tygerberg Campus

Dear Dr Elmukhtar

STUDY PROJECT: K regarding radiation safety in
g e m, Sudan

PROJECT REGISTRAT

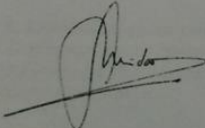
ETHICS: Approved

At a meeting of the Sen Friday 6th June 2014 the above-
mentioned project was ap ow registered and you can proceed
with the study. Please qu title and registration number in all
further correspondence. Pl ead Guidance for Researchers below
before carrying out your st

Patients participating in a and Mitchells Plain Oral Health
Centres will not be treated free of charge as the Provincial Administration of the Western Cape
does not support research financially.

Due to the heavy workload auxiliary staff of the Oral Health Centres cannot offer assistance with
research projects.

Yours sincerely



Professor Sudeshni Naidoo

