



Population Health and Research Institute

Dr. K.T. Shenoy MD, DM
Executive Director

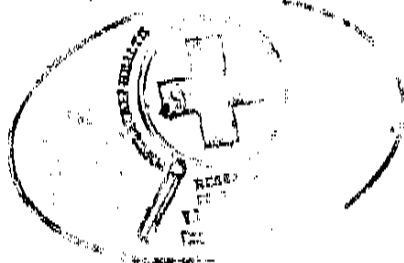
Dr. K.B. Leena MSc., Ph.D
Research Scientist and Co-ordinator

26th November 2007

Permission for use of serum samples for research

This is to confirm that I, Dr K T Shenoy grant permission to Professor Anna Kramvis and her colleagues to use the serum samples for their collaborative research with the Indian Counterparts " and use the data for joint publications". The serum samples were collected in India from the patients attending the clinics as well as from the population participating in the research program. A written informed consent was obtained from each patient granting us permission to use their sera for research purposes.

K.T.S.
Dr K T Shenoy MD, DM



Dr. K.T. SHENOY MD, DM
Executive Director
Population Health & Research Institute
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Medical College, Trivandrum - 11



**HUMAN ETHICAL COMMITTEE
MEDICAL COLLEGE
THIRUVANANTHAPURAM
☎ 91-471-2528378**

Clearance is hereby granted for the conduct of the research project entitled
***"A population based study of seroprevalence of hepatitis B
markers, occult HBV & genotype variability & progression to
hepatocellular carcinoma in kerala."*** by Dr.K.T.Shenoy,
Reid, Head, Dept of Gastroenterology, Medical College, Trivandrum.

Dr.M.Narendranathan
Chairperson

17/05/2006

CHAIRPERSON
HUMAN ETHICAL COMMITTEE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Kramvis/Kew

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M050621

PROJECT

Phylogenetic Analyses of Hepatitis Viruses
Found in Africa Relative to those Deprived
from other Geographic Regions of the...

INVESTIGATORS

Profs A/M Kramvis/Kew

DEPARTMENT

Molecular Hepatology Res. Unit

DATE CONSIDERED

05.06.24

DECISION OF THE COMMITTEE*

Approved subject to rephrasing "Bushman"

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

DATE 05.06.27

CHAIRPERSON
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Prof M Kew

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 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.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES