

Informed and written consent was obtained from the patients as well as controls. Though the controls were from hospital staff they were enrolled on hospital system to simplify the consent procedure. We are also enclosing a sample out patient department sheet where patient is informed that the information collected might be used for the research purpose. (Please refer to the page 2 of the sheet ). Also our institute ethics committee is registered with the government of India. Earlier its registration number was EC/755/INST/MH/2015. The registration expired in August 2018 and was subsequently renewed with registration number as EC/755/INST/MH/2015/RR-18.

**Shri Vithalrao Joshi Charities Trusts**  
**BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE**  
A/P Shreeekshetra DERVAN, Tal Chiplun,  
Dist-Ratnagiri  
Sawarde, Pin- 415606  
Phone No. 02355-264149

**OPD CASE PAPER**

<b>Patient ID</b> : 13039	<b>Visit Date</b> : 08/04/2018 12:17 PM
<b>Name</b> : [REDACTED]	<b>Age/Gender</b> : 59.6.11 /Male
<b>Address</b> : A/p- Kamathe, CHIPLUN, RATNAGIRI, MAHARASHTRA	<b>Case No</b> : <b>Phone No</b> : 9-20448865
<b>Consultant</b> : Dr. MEDICINE UNIT 3 . ()	<b>Occupation</b> : -
<b>Dept</b> : Medicine	
<b>Company name</b> : Self Paying (SELF PAYING)	

8/4/2018 (medi)  
9/5/2018 - medi  
5/6/2018 - medi  
1/7/2018 - medi  
7/8/2018 - medi  
4/9/2018 medi  
5/10/2018 medi

[REDACTED]  
Signature of Patient

[REDACTED]  
Signature of Dr. in charge

The information collected may be used for research purpose but will be anonymised and kept confidential