

SONOGRAPHIC ASSESSMENT OF MEDIAN NERVE SIZE IN DIBETICS WITH OR WITHOUT CLINICAL SIGNS OF PERIPHERAL NEUROPATHY AT THE DEPARTMENT OF RADIOLOGY, OBAFEMI AWOLowo UNIVERSITY TEACHING HOSPITALS COMPLEX, ILE IFE.

Subject's Agreement/Consent Form:

I have read the information provided in the Subject Information Sheet, or it has been read to me.

I have had the opportunity to ask questions about the research and all questions I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study and understand that ultrasound scan of my median nerves will be done and I have the right to withdraw from the study at any time.

Yes No



Signature/Thumb print of Research Respondent.

14/06/2016
Date:



Signature/thumb print of Person Obtaining Consent.

14/06/2016
Date:



Printed Name of Person Obtaining Consent.



Signature/thumb print of witness

14/06/2016
Date



Printed Name of witness