

**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

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\_\_\_\_\_  
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