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KNH/R&P/FORM/01

Study Registration Certificate

1. Name of the Principal Investigator/Researcher
..... KAMITI MUCHIRI
2. Email address: kamitimuchiri@gmail.com Tel No. 0710287488
3. Contact person (if different from PI).....
4. Email address: Tel No.
5. Study Title
..... DETERMINATION OF CONCORDANCE BETWEEN BROADMORPHOLOGY ANALYSIS
..... AND A CLINICAL SCORE IN FLUID STATUS ASSESSMENT OF CHRONIC
..... KIDNEY DISEASE PATIENTS ON MAINTENANCE HEMODIALYSIS
6. Department where the study will be conducted RENAL UNIT
(Please attach copy of Abstract)
7. Endorsed by Research Coordinator of the KNH Department where the study will be conducted.
Name: Nang Hago Date 15/4/19
Signature: [Signature]
8. Endorsed by KNH Head of Department where study will be conducted.
Name: Dr. Jomo Njiru Date 16/4/19
Signature: [Signature]
9. KNH UoN Ethics Research Committee approved study number P822/012/2019
(Please attach copy of ERC approval)
10. I KAMITI MUCHIRI commit to submit a report of my study findings to the Department where the study will be conducted and to the Department of Research and Programs.
Signature: [Signature] Date 08/04/19
11. Study Registration number (Dept/Number/Year) Renal / 93 / 2019
(To be completed by Research and Programs Department)
12. Research and Program Stamp

All studies conducted at Kenyatta National Hospital must be registered with the Department of Research and Programs and investigators must commit to share results with the hospital.

