

CONSENT TO PARTICIPATE IN RESEARCH

Dear participant,

I am Dr Ejiofor Ugwu, a consultant physician and endocrinologist from the department of Internal medicine, Enugu State University Teaching Hospital, Enugu.

I am conducting a research with the aim of assessing the burden of diabetic foot ulcer in this hospital, as part of a larger study titled: **The Multi-center Evaluation of Diabetic Foot Ulcer in Nigeria (MEDFUN)**. This study when successfully completed will generate important clinical knowledge on the risk factors for diabetic foot ulcer and its associated lower extremity amputation and mortality. Such information might be useful in preventing this disease and its complications.

This research will involve asking you to provide relevant information about yourself and conducting relevant medical examinations and laboratory tests. I hereby request for your consent to participate.

Please note that:

1. your participation is voluntary
2. You are free to ask questions regarding your participation in this research
3. you can withdraw from the study whenever you wish
4. the results of the tests will be explained to you
5. if you are found to have abnormal test results, you will be treated according to available clinical knowledge and facilities.
6. declining to participate in the study will not be used against you in any way
7. There is no extra financial cost to you whatsoever.
8. There is no potential harm to you whatsoever except that which is applicable in a routine clinical setting
9. Although data obtained from this research will be shared with the general public, you will be held in utmost confidentiality and your identity will never be revealed without your permission.

If you consent to participate in this study, please append your name and signature/thumbprint below.

Participant's name and signature.....

Date.....

Researcher's name and signature.....

Date.....