

Informed Consent Statement

Waiver of informed consent was requested and granted by the North Shore-Long Island Jewish Institutional Review board because information recorded by the investigators in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.



Merajur Rahman, MD
Division of Gastroenterology
Department of Medicine
North Shore University Hospital
300 Community Drive
Manhasset, NY 11030, USA
rmerajur@nshs.edu
Telephone: 1+516-387-3990
Personal Phone Number: 1+347-870-0002
Fax Number: 1+516-562-3555