Consent declaration: Informed written consent in the following format was obtained from all the participants of the study:

INFORMED WRITTEN CONSENT

I,Sri/Smt_____

___ _____(Name and Address) have read the Participant Information Sheet and wish to participate in your study, " Clinicopathological Profile of Leprosy and its Complications with Sonological Study of Peripheral Nerve Involvement in Leprosy**"** and have cleared all doubts regarding this study with the principal investigator(Dr. Athira Mohan). I am well aware and sufficiently informed about the methodology of the study. I agree, voluntarily, to participate in this study.

Name of the investigator
Dr Athira Mohan
Junior Resident
Department of Dermatology,Venereology and Leprology
Government T.D.Medical College, Alappuzha
Mob 9400653949

Name and Address of the patient:

Sign of patient:

Date:

INFORMED WRITTEN CONSENT

PARENTAL CONSENT (If patient is <18 years of age)

I Mr/Mrs ..... have read the Participant Information Sheet and hereby give consent for my child ..... to participate in the study titled " Clinicopathological Profile of Leprosy and its Complications with Sonological Study of Peripheral Nerve Involvement in Leprosy" and have cleared all doubts regarding this study with the principal investigator (Dr. Athira Mohan). I am well aware and sufficiently informed about the methodology of the study.

Name of the investigator
Dr Athira Mohan
Junior Resident
Department of Dermatology,Venereology and Leprology
Government T.D.Medical College, Alappuzha
Mob 9400653949

Name and Address of the parent/guardian:

Sign of parent/guardian:

Date:

INSTITUTIONAL ETHICS COMMITTEE

Reg.No. ECR/122/Inst/KL/2013/RR - 16

T.D MEDICAL COLLEGE, ALAPPUZHA

EC56/2018

Date: 21/11/2018

Communication for decision of the Institutional Ethics Committee (IEC)

Protocol Title : **"Clinicopathological profile of leprosy and its complications with sonological study of peripheral nerve involvement in leprosy"**	
Principal Investigator : Dr. Athira Mohan	
Name & Address of Institution : JR, Department of Dermatology, Venereology and Leprology, GTDMC, Alappuzha.	
New Review ☑	Revised Review ☐ Expedited Review ☐
Date of Review : 21/11/2018 Date of Previous Review :	
Decision of the IEC Recommended ☑	Recommended with suggestions ☐
Revision ☐	Rejected ☐
Suggestions / Reasons / Remarks :	
Recommended for a period of : eighteen months	

Please Note: Inform IEC immediately in case of any serious or adverse serious events

Inform IEC immediately in case of any change in study procedure, site and investigator

This permission is only for the period mentioned. Annual Report to be submitted to to IEC

Members of the IEC have the right to monitor the trial with prior intimation.

Kala

Signature of Member Secretary, IEC

Address for correspondence: Member Secretary

Dr. Kala Kesavan P, HOD, Pharmacology, 0477-2283015