

The Mauritius and Rodrigues Non-Communicable Disease (NCD) Study

NCT07048717

Informed consent from the 2021 survey



MHC/CT/NETH/2020 V2

11 September 2020

From: Senior Chief Executive, Ministry of Health and Wellness

To: Dr S. Kowlessur, Chief Health Promotion and Research Coordinator

Request for Ethical Clearance

Please refer to your correspondence regarding the abovementioned subject and be informed that your application for Ethical Clearance in respect of the project entitled “**Mauritius NCD Survey 2020/2021**” has been examined at the level of the Ministry.

2. This is to inform you that the Ethics Sub-Committee has given Ethical Clearance for the above project, subject to list of conditions annexed.


Dr S. Ramen
for Supervising Officer



The National Ethics Committee
Decision

Project Protocol : MHC/CT/NETH/2020

Applicant : **Dr S. KOWLESSUR**

Project Title : Mauritius NCD Survey 2020/2021

The National Ethics Committee Meeting held on 10 September 2020 has

Awarded Ethical Clearance

to the above project proposal.

You are also requested to:-

- (a) submit a Progress Report every month;
- (b) notify the ethical Committee of any amendment of recruitment of material or of consent form, or of information to be submitted to the research participants;
- (c) report to the Ethical Committee any serious or unexpected, unforeseen circumstances;
- (d) report to the Ethical Committee termination of the project;
- (e) provide relevant information to the Ethical Committee for ongoing review;
- (f) give a copy of the Final Summary on the Final report to the Ethical Committee;
- (g) ensure that confidentiality is expected throughout the project; and
- (h) ensure that the question on ethnic group is optional.



Dr S. Ramen
for Supervising Officer



Ministry of Health and Wellness

MAURITIUS NON-COMMUNICABLE DISEASES SURVEY 2021

Consent Form

Reg. No.

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I, Mr/Mrs/Miss consent to take part in the Mauritius Non-Communicable Diseases Survey 2021, which is being undertaken by the Ministry of Health and Wellness in collaboration with Baker IDI Heart and Diabetes Institute, Australia; Monash University, Australia; University of Helsinki, Finland; Umea University Hospital, Sweden; Imperial College, London, UK; and World Health Organization.

I understand that the purpose of the survey is to assess my level of risk for non-communicable diseases which include diabetes and high blood pressure, among others, and I will be informed of my results and my consent is given voluntarily.

I agree that if results of my investigations are abnormal, I will be referred for further investigations, treatment and follow up.

I understand that I will be asked to provide blood and urine samples and that I will undergo physical examinations to measure my height, weight, waist, hip and neck circumferences, blood pressure, handgrip strength and pulse wave. I have been told that I will be asked some general questions about my health, lifestyle, physical activity, diet, sleep and my knowledge of good health. I have also been told that, if required, an Electrocardiogram Test, Pulse Wave Velocity Test and/or Retinal photography will be performed on me.

I have been informed that blood samples collected may be stored for future analyses. I have further been informed that all data reporting will be done anonymously so that my name will be kept strictly confidential.

Name of Participant

Signature

Date

.....

.....

...../...../2021

Name of Witness

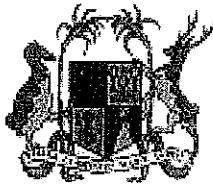
Signature of Witness

Date

.....

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...../...../2021



MINISTRY OF HEALTH & WELLNESS

Mauritius Non Communicable Diseases Survey 2021

CERTIFICATE OF ATTENDANCE

Date:

Dear Sir/Madam

This is to certify that Mr. /Mrs/Miss..... participated in the Mauritius Non Communicable Diseases Survey 2021 on from to hrs.

Your assistance in allowing him / her to attend this survey is greatly appreciated.

With many thanks

A handwritten signature in black ink, appearing to read 'DR B. ORI'.



Dr. B. Ori
Director Health Services
For Ag. Senior Chief Executive