**IMPORTANT PATIENT INFORMATION**

**A research study is being conducted at …………………..Hospital.**

The research study is being done by Dr ………. from the Department of ………..

**Why is this research study being done?**

To understand how sick patients are in hospital.

**Why are we telling you about this research study?**

All patients in this hospital are part of the research study. It is a requirement that some details pertaining to your clinical care are entered into a research study folder. Information from this folder will be used anonymously to understand how sick patients are in hospital, and what we might be able to do to improve the care for sick patients.

**Will this research study affect my care while I am in hospital?**

No. You will still receive the same care while you are in hospital.

**Will my name or any personal details be kept by this research study?**

No. Your name and personal details will not be kept as part of this research study. All information from the notes will be kept strictly confidential.

**Are there any risks or benefits associated with this project?**

No. There are no risks or direct benefits associated with this research study.

**Who should I contact if I have any questions or concerns?**

Please contact Dr ………….…. on telephone…………….….

If you have questions about your rights or welfare as a participant, please contact the UCT Faculty of Health Sciences Human Research Ethics Committee on +27 (0)21 406 6338.