APPENDIX 1

ETHICS COMMITTEE APPROVAL LETTER

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI -3

CERTIFICATE OF APPROVAL

To
B. Thilakavathi
Research Scholar
College of Engineering, Guindy
Anna University, Chennai 25

Dear B. Thilakavathi

The Institutional Ethics committee of Madras Medical College, reviewed and discussed your application for approval of the project entitled "Analysis of EEG-ERP for schizophrenia" No. 24117/011

The following members of Ethics Committee were present in the meeting held on 22.11.2011 conducted at Madras Medical College, Chennai -3.

1. Prof. S.K. Rajan, MD — Chairperson
2. Prof. A. Sundaram MD
3. Prof. R. Naradized MD
4. Prof. P. Sridhar MD
5. Prof. C. Rajendran, MD
6. Prof. M. M. AS, MDDM
7. Prof. M. M. AS, MDDM
8. Thiru. R. Govindasamy, BA I, II,
9. Tmt. Arnold souli

We approve the project to be conducted in its presented form.

Sd/ chairman & Other Members

The Institutional Ethics Committee expects to be informed about the progress of the study, and SAE occurring in the course of the study, any changes in the protocol and, patients information / informed consent and safety / be provided a copy of the final report.

Member Secretary, Ethics Committee
APPENDIX 2

SAMPLE INFORMED CONSENT

INFORMED CONSENT FORM

Title of the study: "Analysis of EEG-ERP for Schizophrenia".

Name of the Participant: ________________________________

Name of the Principal (Co-Investigator): B. THILAKAVATHI

Name of the Institution: College of Engineering Guindy, Anna University, Chennai.

Name and address of the sponsor / agency (ies) (if any): NIL

Documentation of the informed consent

I __________________________ have read the information in this form (or it has been read to me). I was free to ask any questions and they have been answered. I am over 18 years of age and, exercising my free power of choice, hereby give my consent to be included as a participant in “Analysis of EEG for Schizophrenia”

1. I have read and understood this consent form and the information provided to me.

2. I have had the consent document explained to me.

3. I have been explained about the nature of the study.

4. I have been explained about my rights and responsibilities by the investigator.

5. I have been informed the investigator of all the treatments I am taking or have taken in the past _______ months including any native (alternative) treatment.

6. I agree to cooperate with the investigator and I will inform him/her immediately if I suffer unusual symptoms.

7. I am aware of the fact that I can opt out of the study at any time without having to give any reason and this will not affect my future treatment in this hospital.

8. I am also aware that the investigator may terminate my participation in the study at any time, for any reason, without my consent.

9. I hereby give permission to the investigators to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities, Govt. agencies, and IEC. I understand that they are publicly presented.

10. I have understand that my identity will be kept confidential if my data are publicly presented.
11. I have had my questions answered to my satisfaction.
12. I have decided to be in the research study.
13. I am aware that if I have any question during this study, I should contact the investigator. By signing this consent form I attest that the information given in this document has been clearly explained to me and understood by me, I will be given a copy of this consent document.

For adult participants:

Name and signature / thumb impression of the participant (or legal representative if participant incompetent):

Name________________________Signature________________________Date________________________

Name and Signature of the impartial witness (required for illiterate patients):

Name________________________Signature________________________Date________________________

Address and contact number of the impartial witness:

Name and Signature of the investigator or his representative obtaining consent:

Name________________________Signature________________________Date________________________
APPENDIX 3

EXPERTS FEEDBACK

I have gone through the work done by Mrs. B. Thilakavathi (1023419779/Ph.D/AR9) Research scholar of Anna University, working in the title “Analysis of Electroencephalogram as a Pre Screening tool for Identification of Schizophrenia”. The classification results of the developed methods are assessed and arrived at the following conclusions.

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<thead>
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<td>SVM</td>
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<td>2</td>
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</table>


Comments on usefulness as a pre screening tool:

Since the Sensitivity 98% and Specificity 95%, the SVM classifier can be used as a pre-screening tool for assisting medical staff (ARMs) in selective screening of the population along with other culture and plans for treatment.

The results obtained by this research have gone through by me.

Signature of the Expert

Dr. M. Malaiappan
HOD & Professor
Dept. of Psychiatry,
Govt. Kilpauk Medical College & Hospital
Chennai-10 Reg. No. 49857
**APPENDIX 3**

(Continued)

**EXPERTS FEEDBACK**

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Comments on usefulness as a pre screening tool:

This tool helps to identify the vulnerability of

The results obtained by this research have gone through by me.

*Signature of the Expert*

Dr. P. P. Kannan, M.D., (Psy.),
Regd. No: 62048
Associate Professor In Psychiatry
Govt. Kilpauk Medical College and Hospital
Chennai - 600 010.
APPENDIX 3
(Continued)

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Comments on usefulness as a pre screening tool:

The results indicate that the methods identified by this study can be used in screening of at risk individuals to increase accuracy of present medication and transition to illness. Multiple models used in the study indicative of a better reliability to findings.

The results obtained by this research have gone through by me.

Signature of the Expert

Dr. S. J. Daniel MD., (Psy)
Aast. Professor / Civil Asst. Surgeon
Dep. of Psychiatry
Govt. Kilpauk Medical College
Regd. No. 74396
APPENDIX 3
(Continued)

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The results obtained by this research have gone through and verified by me.


Signature of the Expert:

Dr. K. Bhanuj, D.M. (Neurology) FIAMC,
Rig. 30785
Director, Institute of Neurology & Professor of Neurology & (Geri),
Medical College & Govt. General Hospital,
Chennai-600 003.
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Signature of the Expert

Dr. S. Balasubramaniam, M.D.P.M.(Neurol.
Regd. No: 69877
Neurologist / Civil Assistant Surgeon,
TN Govt. Multi Speciality Hospital,
Omandur Govt. Estate, Chennai - 600 002.