

Refno.

Date:

Dr{your name}
{your designation},
{your institution name and address},Nepal

Subject:Acceptanceand Approval toParticipatein theNepalThyroidEyeDiseaseRegistry

We are delighted to acknowledge your hospital's acceptance and willingness to participate in theNepalThyroidEyeDiseaseRegistry.OnbehalfoftheNepaleseSocietyforOculoplasticSurgeons(NESOS),weextend ourwarmestappreciationforyourcommitment tothissignificantstudy.

To comply with legal and ethical guidelines, we kindly request your formal acceptance andapproval to participate in the study. By signing this letter, you affirm your hospital's commitmentto adhere to the study protocols, maintain patient confidentiality, and contribute accurate and up-to-date datatotheregistry.

Please review the terms and conditions outlined below and indicate your agreement by signing and returni ng a copy of this letter by 15th July 2023.

1. Your hospital agrees to maintain accurate and complete records of patients diagnosed with thyroid eye disease (TED) and provide relevant medical data and patient information to the registry.
2. Your hospital acknowledges the importance of patient confidentiality and commits to protecting patient privacy and adhering to data security protocols.
3. Your hospital agrees to actively participate in data submission, regularly updating the registry with new cases, and providing follow-up information as required.
4. Your hospital recognizes the value of collaboration and commits to sharing insights, best practices, and advancements in thyroid eye disease management with other registered hospitals.

We understand that participation in the registry may require dedicating resources, including stafftime and data management. However, we assure you that the data collected through this registry will significantly contribute to improving patient outcomes and shaping future treatment strategies for thyroid eye disease.

By signing below, you confirm your hospital's acceptance and approval to participate in the Nepal Thyroid Eye Disease Registry, and your commitment to uphold the principles and responsibilities outlined above.

Please do not hesitate to contact us at nesosnepal@gmail.com should you have any questions or require further clarification. Thank you for your cooperation.

Yours sincerely,
Dr Puja Rajbhandari
Coordinator and Member of Steering
committee Nepal Thyroid Eye Disease (NepTED)
Registry

Acceptance and Approval to Participate in the Nepal Thyroid Eye Disease Registry

By signing below, we confirm our hospital's acceptance and approval to participate in the Nepal Thyroid Eye Disease Registry, and our commitment to uphold the responsibilities outlined in this letter.

Signature: _____
Name: _____
Title/Position: _____
Date: _____

Hospital STAMP Here