## **SUPPLEMENTARY FILE**

## INFORMANT CONSENT FORM QUESTIONNAIRE FOR COLLECTION OF

## ETHNOMEDICINAL INFORMATION

Informant detail:					
Name:,	Gender:	Age:	Education:		
Profession:	How long you are living in the area:				
Informant consent:					
Ι	hereby give my consent a	and conscious to participate i	in this study and declare		
that to the best of my kno	wledge the information that I	have provided are true, acc	urate and complete.		

Signature/Thumb impression of informant:\_\_\_\_\_ Date:\_\_\_\_\_

## **Ethnomedicinal information:**

Local Name	Habit	Part(s) used	Method of preparation	Mode of Application	Disease(s) treated