



## HEALTH SCIENCES RESEARCH ETHICS COMMITTEE CASE REPORT/SERIES: INVESTIGATOR DECLARATION

*The principal investigator, supervisor, as well as all sub- & co-investigators (where applicable) must sign this declaration.*

*This application will not be processed unless all the required declarations and signatures are completed in wet ink or digital signatures. Cut and paste signatures will not be accepted.*

1.1 INVESTIGATOR DETAILS AND ROLE IN THIS RESEARCH			
<b>Title, Initials, Surname:</b>			
<b>Department/Institution:</b>			
<b>Phone:</b>			
<b>Email address:</b>			
1.2 What is your role in this research? [✓]			
Principal investigator	<input type="checkbox"/>	Co-investigator	<input type="checkbox"/>
Sub-investigator	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>
Other: Specify			<input type="checkbox"/>
Title of Case Report/Series			

## 2. STATEMENT OF CONFLICT OF INTEREST

<p>The <b>Principal Investigator</b> is expected to declare any existing or potential conflict of interest that may affect the scientific integrity and ethical conduct of this research. For purposes of this section, 'immediate family' means the Principal Investigator's spouse or domestic partner and dependent children.</p> <p style="text-align: right;"><b>Please tick ✓ all that apply.</b></p>	
2.1 No conflict of interest declared:	
Neither I, nor any member of my immediate family, have any interest related to this research (e.g. financial interest in the sponsor of the research or intervention being tested.)	<input type="checkbox"/>

Neither I, nor any member of my immediate family, have a proprietary interest in the product being tested in this research (e.g. patent, trademark, copyright, licensing agreement).	<input type="checkbox"/>
Neither I, nor any member of my immediate family, have any relationships related to this research (e.g. board membership, consultative, executive, employment) or any entity with an ownership interest in the research other than the relationship of sponsor-investigator.	<input type="checkbox"/>

<b>2.2 Conflict of interest declared:</b>		<input type="checkbox"/> N/A
As Principal Investigator of this research <b>I am aware of a potential conflict of interest.</b> Please describe and provide a plan to manage the conflict of interest in the space below:		<input type="checkbox"/>

### 3. PROTECTION OF PARTICIPANT PERSONAL INFORMATION

Each investigator is responsible to ensure that every reasonable measure is taken to protect the participants' personal information.	
<b>The investigators all commit to do the following:</b>	<b>Please tick ✓ all that apply.</b>
To deidentify data as specified in the protocol	<input type="checkbox"/>
To only process deidentified personal data	<input type="checkbox"/>
To only process the data for the purposes for which it was collected as specified in the protocol	<input type="checkbox"/>
Not to share any data with any party other than the parties specified in the protocol	<input type="checkbox"/>
To only keep the data on a secure password protected platform, namely _____	<input type="checkbox"/>
To destroy the research data after _____ years / months (select appropriate). Alternatively, only the de-identified data will be kept securely on a UFS server where it can be made available to researchers who have applied to use the data for a similar project. Source data must not be destroyed.	<input type="checkbox"/>
To notify the HSREC (and participants if necessary) if there is any breach in the security of any research data	<input type="checkbox"/>

To comply with any corrective measures as recommended by the HSREC in the case of a breach of security of research data	<input type="checkbox"/>
To nominate an investigator who will be ultimately responsible for the deidentification, security, sharing and destruction of data, namely _____	<input type="checkbox"/>

#### 4. DECLARATIONS AND SIGNATURES

4.1 Principal investigator			
My signature confirms that: <ol style="list-style-type: none"> <li>Information in this application is true and accurate.</li> <li>I accept full responsibility for the conduct of this research and the protection of participants' rights and welfare.</li> <li>I will conduct the research according to all ethical, regulatory and legal requirements stipulated in the HSREC's Standard Operating Procedures.</li> <li>I will endeavour to publish and disseminate the findings of this case report/series.</li> <li>I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above.</li> </ol>			
Signature of Principal Investigator		Date	
Print name			

4.2 Student Main Supervisor (if research is for a qualification)			<input type="checkbox"/> N/A
My signature confirms that: <ol style="list-style-type: none"> <li>The application is ready for submission for ethics clearance.</li> <li>Information in this application is true and accurate.</li> <li>The research has scholarly merit.</li> <li>I will ensure that no research is done prior to final written approval from the HSREC and that should amendments be made to await HSREC approval before proceeding with the proposed changes except when urgently necessary to protect participants' safety.</li> <li>I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above.</li> </ol>			
Signature of Principal Investigator		Date	
Print name			

**Note:** The main supervisor and student researcher are jointly responsible for the ethical conduct of this research from inception to dissemination of findings.

<b>4.3 Co-supervisors</b>					<input type="checkbox"/> N/A
My/our signature(s) confirm that: <ol style="list-style-type: none"> <li>1. Information in this application is true and accurate.</li> <li>2. I/we accept full responsibility for the conduct of this research and the protection of participants' rights and welfare.</li> <li>3. I/we will conduct the research according to all ethical, regulatory and legal requirements as stipulated in the HSREC's Standard Operating Procedures.</li> <li>4. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above</li> </ol>					
Name		Signature		Date	
Name		Signature		Date	

<b>4.4 Collaborating Investigators</b>					<input type="checkbox"/> N/A
My/our signature(s) confirm that: <ol style="list-style-type: none"> <li>1. Information in this application is true and accurate.</li> <li>2. I accept full responsibility for the conduct of this research and the protection of participants' rights and welfare.</li> <li>3. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above.</li> </ol>					
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	