

HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

POSTGRADUATE/ CONTRACT/DATABASE OR OTHER RESEARCH INVESTIGATOR DECLARATION

Note: 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					
Title, Initials, Surname:					
Department/Institution:					
Phone:					
E-mail address:					
1.2 What is your role in this research? [✓]					
Principal investigator			Co-investigator		
Sub-investigator	С		Supervisor		
Other: Specify					
PROJECT TITLE (maximum 250 characters for database purposes)					

2. STATEMENT OF CONFLICT OF INTEREST

The Principal Investigator is expected to declare any existing or potential conflict of interest that may a scientific integrity and ethical conduct of this research. For purposes of this section, 'immediate family' more principal Investigator's spouse or domestic partner and dependent children. Please tick ✓ all that	eans the
2.1 No conflict of interest declared:	□ N/A
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.)	
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).	
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.	
2.2 Conflict of interest declared:	□ N/A
As Principal Investigator of this research I am aware of a potential conflict of interest. Please describe and provide a plan to manage the conflict of interest in the space below:	
3. PROTECTION OF PARTICIPANT PERSONAL INFORMATION	
Each investigator is responsible to ensure that every reasonable measure is taken to protect the participal personal information.	pants'
The investigators all commit to do the following: Please tick ✓ all that	apply.
To deidentify data as specified in the protocol	
To only process deidentified personal data	
To only process the data for the purposes for which it was collected as specified in the protocol	
Not to share any data with any party other than the parties specified in the protocol	

To only kee	ep the data on a secure pa	ssword protected platform, namely		
Alternativel	y, only the de-identified da researchers who have ap	years / months (selection will be kept securely on a UFS serviced to use the data for a similar projection.	er where it can be made	
To notify th	· · · · · · · · · · · · · · · · · · ·	s if necessary) if there is any breach ir	the security of any	
	with any corrective measuresearch data	res as recommended by the HSREC in	n the case of a breach of	
	e an investigator who will lead to the struction of data, name	be ultimately responsible for the deide	ntification, security,	
I. DECLAR	ATIONS AND SIGNATUR	ES		
4.4 Dulas di	-1.			
_	pal investigator			
My signatu	re confirms that:	true and accurate		
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Print name

4.2	Student	Main Superviso	or (if research	is for a qual	ification)			□ N/A
My s	signature	e confirms that:						
1.	The application is ready for submission for ethical clearance.							
2.		Information in this application is true and accurate.						
3.	The student researcher has adequate training and resources to complete the research in the allocated timeframe.							
4.								
5.	The level of risk inherent in the study is commensurate with the student researcher's experience and the extent of oversight that I will provide.							
6.	I have t	ime, training, exp	perience and re	sources to ov	versee this resear	ch.		
7.	I have time, training, experience and resources to oversee this research. I will meet the student on a regular basis to monitor progress and address any problems that may arise during the study.							
8.	I will ensure that the research undergoes continuing review as required by the HSREC, including annual progress reports, protocol amendments and a final closing report at the end of the research.							
9.	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.							
	If applicable, I will ensure that I report unanticipated problems or serious adverse events to the HSREC.							
11.					take responsibilit	y for this re	esearch durin	g periods of
	absence such as sabbatical or annual leave.							
12.	12. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above.							
Sign	ature of	Supervisor				Date		
Prin	t name:							
oto:	ote: The main supervisor and student researcher are jointly responsible for the ethical conduct of this							
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sear	CH IFOH	inception to disso	emination of fin	aings.				
4.3	Co-sup	ervisor(s)						□ N/A
My/	our sign	ature(s) confirm	that:					
1.	Informa	ation in this appli	cation is true ar	nd accurate.				
2.	· •							
3. I/we accept full responsibility for the conduct of this research and the protection of participants' rights and								
welfare.								
4. I/we will conduct the research according to all ethical, regulatory and legal requirements as stipulated in								
the HSREC's Standard Operating Procedures.								
5. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL								
INFORMATION as above.								
Nan	ne			Signature			Date	
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Nan	ne			Signature			Date	

4.4 Collaborating Investigator(s)	□ N/A
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My/our signature(s) confirm that:

- 1. Information in this application is true and accurate.
- 2. I/we will begin the research only after HSREC approval is obtained.
- 3. I/we accept full responsibility for the conduct of this research and the protection of participants' rights and welfare.
- 4. I/we will conduct the research according to all ethical, regulatory and legal requirements as stipulated in the HSREC's Standard Operating Procedures.
- 5. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above.

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date