**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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | **☐** | Supervisor | **☐** |
| Other: Specify | |  | | **☐** |

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| **Title of Case Report/Series** |
|  |

1. **STATEMENT OF CONFLICT OF INTEREST**

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| The Principal Investigator 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. **Please tick** ✓ **all that apply.** | |
| **1.1 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) |  |
| 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-investigator. |  |

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| **1.2 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:* |  |
|  | |

1. **DECLARATIONS AND SIGNATURES**

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| **2.1 Principal investigator** | | | |
| My signature confirms that:   1. Information in this application is true and accurate. 2. I accept full responsibility for the conduct of this research and the protection of participants’ rights and welfare. 3. I will conduct the research according to all ethical, regulatory and legal requirements stipulated in the HSREC’s Standard Operating Procedures. 4. I will endeavour to publish and disseminate the findings of this case report/series. | | | |
| Signature of Principal Investigator |  | Date |  |
| Print name |  | | |

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| --- | --- | --- | --- |
| **2.2 Student Main Supervisor (if research is for a qualification)** N/A | | | |
| My signature confirms that:   1. The application is ready for submission for ethical clearance. 2. Information in this application is true and accurate. 3. The research has scholarly merit. | | | |
| 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.*

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| **2.3 Co-supervisors** N/A | | | | | |
| My/our signature(s) confirm that:   1. Information in this application is true and accurate. 2. I/we accept full responsibility for the conduct of this research and the protection of participants’ rights and welfare. 3. I/we will conduct the research according to all ethical, regulatory and legal requirements as stipulated in the HSREC’s Standard Operating Procedures. | | | | | |
| Name |  | Signature |  | Date |  |
| Name |  | Signature |  | Date |  |
| Name |  | Signature |  | Date |  |

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| --- | --- | --- | --- | --- | --- |
| **2.4 Collaborating Investigators** N/A | | | | | |
| My/our signature(s) confirm that:   1. Information in this application is true and accurate. 2. I accept full responsibility for the conduct of this research and the protection of participants’ rights and welfare. | | | | | |
| Name |  | Signature |  | Date |  |
| Name |  | Signature |  | Date |  |
| Name |  | Signature |  | Date |  |
| Name |  | Signature |  | Date |  |