

**UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG**

Division of the Deputy Registrar (Research)

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**

R14/49 Vundle

**CLEARANCE CERTIFICATE**

**PROTOCOL NUMBER M070330**

**PROJECT**

Adverse Outcomes of Pregnancy in  
Potchefstroom, South Africa

**INVESTIGATORS**

Dr Z Vundle

**DEPARTMENT**

School of Public Health

**DATE CONSIDERED**

07.03.30

**DECISION OF THE COMMITTEE\***

APPROVED UNCONDITIONALLY

**Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.**

**DATE** 07.05.15

**CHAIRPERSON** .....

  
(Professors PE Cleaton-Jones, A Dhali, M Vorster,  
C Feldman, A Woodiwiss)

\*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr D Basu

**DECLARATION OF INVESTIGATOR(S)**

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES