

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURGDivision of the Deputy Registrar (Research)**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**
R14/49 Matimba**CLEARANCE CERTIFICATE****PROTOCOL NUMBER M050233****PROJECT**Psychosocial Impact of Care giving on the Family of
Critically ill HIV/AIDS Patients in Home-based Care**INVESTIGATORS**

Dr NG Matimba

DEPARTMENT

Dept of Family Medicine

DATE CONSIDERED

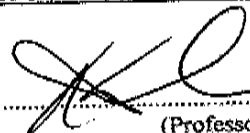
05.02.25

DECISION OF THE COMMITTEE*

Approved unconditionally

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

05/04/26

CHAIRPERSON (A-J. woodiwiss)
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr A Wright

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