UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Katz

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER 03-10-17**
PROJECT	An Evaluation of a Chronic Disease - Outreach Programme - A Primary Care Tertiary Care Kidney and Cardiovascular Protection
INVESTIGATORS	Dr I Katz
DEPARTMENT	School of Clinical Medicine
DATE CONSIDERED	03-10-31
DECISION OF THE COMMITTEE*	Approved unconditionally

DATE 04-04-07 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor :

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