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Investigating the molecular participants of programmed cell death in plamodium falciparum

Vieira, Warren Antonio

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University
of the Witwatersrand,
Johannesburg

Human Research Ethics Committee (Medical)
(formerly Committee for Research on Human Subjects (Medical)

Secretariat: Research Office, Room SH10005, 10th floor, Senate House • Telephone: +27 11 717-1234 • Fax: +27 11 339-5708
Private Bag 3, Wits 2050, South Africa

29 May 2013

Professor Theresa Coetzer
Head: Red Cell Membrane Unit
Head: Plasmodium Molecular Research Unit
National Health Laboratory Service
University

Sent by email to Theresa.coetzer@nhls.ac.za

Dear Professor Coetzer

RE: **Protocol M031106: 'An Investigation of the Biology of the Malaria Parasite'**
Protocol amendment-Request for Renewal

This letter serves to confirm that the Chairman of the Human Research Ethics Committee (Medical) has reviewed and approved the following amendments on the abovementioned protocol as detailed in your letter dated 20 June 2011:

- Renewal of ethics clearance M031106 now M130569 (a copy of the certificate is attached)
- Blood sampling (6-12 ml) from staff and students in the Unit

Thank you for keeping us informed and updated

Yours sincerely,

Anisa Keshav
Administrator
Human Research Ethics Committee (Medical)

R14/49 Professor Theresa Coetzer

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M130569

NAME: Professor Theresa Coetzer
(Principal Investigator)

DEPARTMENT: Molecular Medicine & Haematology/RCMU
National Laboratory Services

PROJECT TITLE: An Investigation of the Malaria Parasite
(previously M031106)

DATE CONSIDERED: Ad hoc

DECISION: Renewal approved

CONDITIONS:

SUPERVISOR:

APPROVED BY: _____
Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 29/05/2013

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**.

_____ _____
Principal Investigator Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES