APPENDIX A ETHICS CLEARANCE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Porter

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M070425**
PROJECT	Maxillofacial Injury-ARetrospective Analysis of Time Lapse between Injury and Treatment
INVESTIGATORS	Dr Porter
DEPARTMENT	Maxillofacial & Oral Surgery
DATE CONSIDERED	07.05.04
DECISION OF THE COMMITTEE*	APPROVED subject to obtaining and submitting written permission from the Hospital Superintendent

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

DATE 07.05.07 **CHAIRPERSON** .....
(Professors PE Cleaton-Jones, A Dhai, M Vorster, C Feldman, A Woodiwiss)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Lownie MA Prof

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