

Appendix 2: **Copy of Ethics Clearance certificate (student's)**



Faculty of Health Sciences
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

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DR NZ MLABA
P O BOX 1367
BROMHOF
2154

APPLICATION NUMBER 8902724J
STATUS (DEG 59) (MM816) PZZ

2005-10-04

Dear Dr Mlaba

Approval of protocol entitled Risk factors associated with HSV-2 seroprevalence and symptom recognition among women in inner city Johannesburg - implications for public health interventions

I should like to advise you that the protocol and title that you have submitted for the degree of Master Of Public Health (Part-Time) have been approved by the Postgraduate Committee at its recent meeting. Please remember that any amendment to this title has to be endorsed by your Head of Department and formally approved by the Postgraduate Committee.

Prof S Delany has/have been appointed as your supervisor/s. Please maintain regular contact with your supervisor who must be kept advised of your progress.

Please note that approval by the Postgraduate Committee is always given subject to permission from the relevant Ethics Committee, and a copy of your clearance certificate should be lodged with the Faculty Office as soon as possible, if this has not already been done.

Yours sincerely

A handwritten signature in black ink, appearing to read 'S Benn'.

S Benn (Mrs)
Faculty Registrar
Faculty of Health Sciences

Telephone 717-2075/2076

Copies - Head of Department____Supervisor/s

Appendix 3: Copy of Ethics Clearance certificate (Original study)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL)
Ref: R14/49 Delany/Stevens et al

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M03-03-09

PROJECT

A Validation of the Focus HSV2 ELISA
(Herpesselect) and (Kalon HSV2 ELISA) in a
South African Population

INVESTIGATORS

Drs et al S/W et al Delany/Stevens et al

DEPARTMENT

Reproductive Health Res Unit, CH Baragwanath Hospital

DATE CONSIDERED

03-03-28

DECISION OF THE COMMITTEE

Approved unconditionally

Unless otherwise specified the ethical clearance is valid for 5 years but may be renewed upon
application
This ethical clearance will expire on 1 January 2008.

DATE 03-06-25

CHAIRMAN

M. Schachar (Professor P E Cleaton-Jones)

* Guidelines for written "informed consent" attached where applicable.

c c Supervisor: Dr S Delany

Dept of Reproductive Health Res Unit, CH Baragwanath Hospital

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DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 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 form. I/we agree to inform the Committee once
the study is completed.

DATE

14/07/03

SIGNATURE

S. Delany

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES