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



Faculty of Health Sciences UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

7 York Road PARKTOWN Johannesburg 2193 Telegrams WITSMED Telex 4-24655.SA FAX 643-4318 TELEPHONE 717-2075/2076 E-MAIL healthpg@health.wits.ac.za

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

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)

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 (Herpesciect) 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         application       This ethical clearance (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         WorksZulain0015HUMETHS7. wdbM excess         DECLARATION OF INVESTIGATOR(S)         To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University.         Wes fully understand the conditions under which I am/we are authorized to carry out the abovement contemplated from the research procedure as approved live undertake to resubmit the protocol committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee he study is completed.	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 (Herpeselect) and (Kalón 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 and epplication
CLEARANCE CERTIFICATE       PROTOCOL NUMBER M03-03-09         PROJECT       A Validation of the Focus HSV2 ELISA (Herpesciect) and (Katón 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 epplication         This ethical clearance will expire on 1 January 2008.         DATE 03-06-25       CHAIRMAN         Moth Matchandard         Dept of Reproductive Health Res Unit: CH Baragwanath Hospital         C C Supervisor: Pr S Delany Dept of Reproductive Health Res Unit: CH Baragwanath Hospital         DECLARATION OF INVESTIGATOR(S)         To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University.         Wave fully understand the conditions under which I arr/we are authorized to carry out the abovement contemplated from the research proceedure as approved live undertake to resubmit the protocol committee. 1 agree to a completion of a yearly progress form. I/we agree to inform the Committee he study is completed.	CLEARANCE CERTIFICATEPROTOCOL NUMBER M03-03-09PROJECTA Validation of the Focus HSV2 ELISA (Herpeselect) and (Kalon HSV2 ELISA) in a South African PopulationINVESTIGATORSDrs et al S/W et al Delany/Stevens et alDEPARTMENTReproductive Health Res Unit, CH Baragwanath HospitalDATE CONSIDERED03-03-28DECISION OF THE COMMITTEEApproved unconditionallyUnless otherwise specified the ethical clearance is valid for 5 years but may be area
A Validation of the Focus HSV2 ELISA (Herpeselect) and (Kalón 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 Baregwanath 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 application       This ethical clearance will expire on 1 January 2008.         DATE 03-06-25       CHAIRMAN       Model Consent" attached where applicable.         c c Supervisor: Dr S Delany Dept of Reproductive Health Res Unit: CH Baregwanath Hospital         Works2Valin0015HumEth97.wdbM @cc.49         DECLARATION OF INVESTIGATOR(S)         To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University.         Wwe fully understand the conditions under which I am/we are authorized to carry out the abovement research and <i>Uve</i> guarantee to ensure compliance with these conditions. Should any departure contemplated from the research procedure as approved flow undertake to resubmit the protocol committee. I agree to a completion of a yearly progress form. <i>Uve</i> agree to inform the Committee the study is completed.	A Validation of the Focus HSV2 ELISA (Herpeselect) 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 and
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 application       This ethical clearance will expire on 1 January 2008.         DATE 03-06-25       CHAIRMAN       Image: Chairman and the specified the ethical clearance (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         Works2tlain0015tHumEth97.wdbM @x04.09       DECLARATION OF INVESTIGATOR(S)         To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University.         Wwe fully understand the conditions under which I am/we are authorized to carry out the abovement research and I/we guarantee to ensure compliance with these conditions. Should any departure contemplated from the research procedure as approved I/we undertake to resubmit the protocol committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee the study is completed.	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 same application
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 application       This ethical clearance will expire on 1 January 2008.         DATE 03-06-25       CHAIRMAN       Mathematical (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         Works2ltain0015tHumEth97.wdbM @sc349       Desca49         DECLARATION OF INVESTIGATOR(S)       To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University.         Wee fully understand the conditions under which I am/we are authorized to carry out the abovement estance and I/we guarantee to ensure compliance with these conditions. Should any departure compliance with these conditions. Should any	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 same
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         application         This ethical clearance will expire on 1 January 2008.         DATE 03-06-25       CHAIRMAN       Image: Chair and Chai	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 same
Unless otherwise specified the ethical clearance is valid for 5 years but may be renewed explication This ethical clearance will expire on 1 January 2008. DATE 03-06-25 CHAIRMAN Mitching (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 Works2Vlain0015VHumEth97.wdbVM (03-03-09) DECLARATION OF INVESTIGATOR(S) To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University. I/we fully understand the conditions under which I am/we are authorized to carry out the abovement contemplated from the research procedure as approved I/we undertake to resubmit the protocol Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee the study is completed.	Unless otherwise specified the ethical clearance is valid for 5 years but may be range
<ul> <li><sup>c</sup> c Supervisor: Dr S Delany Dept of Reproductive Health Res Unit: CH Baragwanath Hospital</li> <li>Works2\lain0015\HumEth97.wdb\M @3.03.09</li> <li>DECLARATION OF INVESTIGATOR(S)</li> <li>To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University.</li> <li>I/we fully understand the conditions under which I am/we are authorized to carry out the abovemen research and I/we guarantee to ensure compliance with these conditions. Should any departure contemplated from the research procedure as approved I/we undertake to resubmit the protocol Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee the study is completed.</li> </ul>	DATE 03-06-25 CHAIRMAN Mightachane (Professor P & Clearon long)
DECLARATION OF INVESTIGATOR(S) To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University. I/we fully understand the conditions under which I am/we are authorized to carry out the abovemen research and I/we guarantee to ensure compliance with these conditions. Should any departure contemplated from the research procedure as approved I/we undertake to resubmit the protocol Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee the study is completed.	C C Supervisor: Dr S Delany Dept of parent and the second
To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Senate House, University. I/we fully understand the conditions under which I am/we are authorized to carry out the abovemen research and I/we guarantee to ensure compliance with these conditions. Should any departure contemplated from the research procedure as approved I/we undertake to resubmit the protocol Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee the study is completed.	
I/we fully understand the conditions under which I am/we are authorized to carry out the abovemen research and I/we guarantee to ensure compliance with these conditions. Should any departure contemplated from the research procedure as approved I/we undertake to resubmit the protocol Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee he study is completed.	
DATE \$ 14/07/03 SIGNATURE	I/we fully understand the conditions under which I am/we are authorized to carry out the abovenresearch and I/we guarantee to ensure compliance with these conditions. Should any departs contemplated from the research procedure as approved I/we undertake to resubmit the protocommittee. I agree to a completion of a yearly progress form. I/we agree to inform the Commit he study is completed.
	DATE \$ 14/07/03 SIGNATURE AVING

 $c_{i} \in \{i,j\}_{i \in I}$ 

.

ł