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Laboratory tests at the maternity unit of Gordonia Hospital

Bok, Milly Mavis

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APPENDICES

DEPARTMENT OF HEALTH

LEFAPHA LA SOITEKANELO

ISEBE LEZEMPILO

DEPARTEMENT VAN GESONDHEID

Private Bag x5900
Upington
8800

Tel.054-3312120
Fax:054-3322642

mcloete@uphosp.ncape.gov.za

Enquiries : Milly Bok
Dipatlisiso :
Imibuzo :
Navrae :

Reference :
Tshupelo :
Isalathiso :
Verwysings :

Date : April 2010
Letlha :
Umhla :
Datum :

The Hospital Manager
Gordonia Hospital
Private Bag X
Upington
8800

APPROVAL TO DO RESEARCH AT THE MATERNITY UNIT OF GORDONIA HOSPITAL FOR STUDY PURPOSES

This letter to ask for approval to do research at the above-mentioned units of Gordonia Hospital.

I'm in the 3rd and final year (research) of my studies towards the Masters in Public Health: Hospital Management. The research topic is "Laboratory tests at the maternity unit of Gordonia Hospital." The research will determine the types and numbers of laboratory tests undertaken in the unit; costs of laboratory tests undertaken in the maternity unit and the recording of laboratory results in patient files.

Thank you

MM BOK
DISTRICT MANAGER
SIYANDA DISTRICT

APPROVED/~~NOT APPROVED~~

.....

MR NG MASHEGO
CEO: GORDONIA HOSPITAL

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Milly Cloete

CLEARANCE CERTIFICATE	M10830
PROJECT	Laboratory Testing at the Maternity Unit of Gordonia Hospital
INVESTIGATORS	Ms Milly Cloete.
DEPARTMENT	School of Public Health
DATE CONSIDERED	27.08/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 27/08/2010 CHAIRPERSON .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : B Natarajan

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 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...

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND APPROVAL FROM NORTHERN CAPE DEPARTMENT OF HEALTH

APPENDIX B: DATA COLLECTION SHEETS

TOOL 1: LABOTARY TESTS		
Date	Test name	Number of tests

TOOL 2: LABOTARY TESTS

Date	Study number	Test name	Indication	Checked (yes/ no)

TOOL 3: LABOATORY TEST COSTS

Test types	number of tests performed	unit price	Total price