



R14/49 Dr Argentina Maria Ingratta

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**  
**CLEARANCE CERTIFICATE NO. M170340**

**NAME:** Dr Argentina Maria Ingratta  
**(Principal Investigator)**  
**DEPARTMENT:** Internal Medicine  
UUME

**PROJECT TITLE:** E-Learning readiness of medical students from the  
University of the Witwatersrand

**DATE CONSIDERED:** 31/03/2017

**DECISION:** Approved unconditionally

**CONDITIONS:**

**SUPERVISOR:** Dr Ann George and Prof Lionel Green-Thompson

**APPROVED BY:**

Prof P Cleaton-Jones, Chairperson, HREC (Medical)

**DATE OF APPROVAL:** 21/04/2017

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 Research Office Secretary in Room 301, Third floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. 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.** The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in March and will therefore be due in the month of March each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature

24/4/2017  
Date

**PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES**



**DECLARATION:**

**Adherence to HREC (Medical) Ethics Application Terms and Conditions**

I, the undersigned, hereby declare that I have not collected data/ done secondary data analysis or any other form of research, prior to obtaining clearance certificate from the HREC (Medical) for study no: M170340.

I have read and understood the terms and conditions on page 8-9 of the HREC (Medical) application form. I confirm that it is my responsibility to ensure that I have received final HREC (Medical) Clearance before commencing any research.

ARISTINA MARIA INUBAUA

A handwritten signature in black ink, appearing to read 'Aristina Maria Inubaua'.

Name and Surname

Student/Staff no if applicable: 9801494K / A0011929

ANN GEORGE

A handwritten signature in black ink, appearing to read 'Ann George'.

Name and Surname

Supervisor (if applicable)