



**Human Research Ethics Committee (Medical)**  
(formerly Committee for Research on Human Subjects (Medical))

Secretariat: Research Office, Room SH10005, 10th floor, Senate House • Telephone: +27 11 717-1234 • Fax: +27 11 339-5708  
Private Bag 3, Wits 2050, South Africa

29 May 2013

Professor Theresa Coetzer  
Head: Red Cell Membrane Unit  
Head: Plasmodium Molecular Research Unit  
National Health Laboratory Service  
University

Sent by email to [Theresa.coetzer@nhls.ac.za](mailto:Theresa.coetzer@nhls.ac.za)

Dear Professor Coetzer

**RE: Protocol M031106: 'An Investigation of the Biology of the Malaria Parasite'**  
**Protocol amendment-Request for Renewal**

This letter serves to confirm that the Chairman of the Human Research Ethics Committee (Medical) has reviewed and approved the following amendments on the abovementioned protocol as detailed in your letter dated 20 June 2011:

- Renewal of ethics clearance M031106 now M130569 (a copy of the certificate is attached)
- Blood sampling (6-12 ml) from staff and students in the Unit

Thank you for keeping us informed and updated

Yours sincerely,

Anisa Keshav  
Administrator  
Human Research Ethics Committee (Medical)



R14/49 Professor Theresa Coetzer

## HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

### CLEARANCE CERTIFICATE NO. M130569

**NAME:** Professor Theresa Coetzer  
**(Principal Investigator)**

**DEPARTMENT:** Molecular Medicine & Haematology/RCMU  
National Laboratory Services

**PROJECT TITLE:** An Investigation of the Malaria Parasite  
(previously M031106)

**DATE CONSIDERED:** Ad hoc

**DECISION:** Renewal approved

**CONDITIONS:**

**SUPERVISOR:**

**APPROVED BY:**

  
\_\_\_\_\_  
Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

**DATE OF APPROVAL:** 29/05/2013

**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 Secretary in Room 10004, 10th floor, Senate House, University.

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.**

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

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