

**UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG**

Division of the Deputy Registrar (Research)

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**

R14/49 Nyirenda

**CLEARANCE CERTIFICATE**

**PROTOCOL NUMBER M081041**

**PROJECT**

To Investigate Laboratory (CD4 & Viral Load) Outcomes in Patient with Breaks in antiretroviral Therapy Continuity, at the Largest Human Immunodeficiency Virus (HIV) Clinic in Johannesburg, SA 2004-2008

**INVESTIGATORS**

Dr S Nyirenda

**DEPARTMENT**

School of Public Health

**DATE CONSIDERED**

08.10.31

**DECISION OF THE COMMITTEE\***

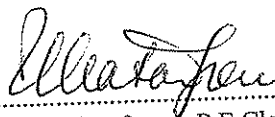
Approved unconditionally

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

**DATE**

08.11.03

**CHAIRPERSON** .....



(Professor P E Cleaton Jones)

\*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor :

**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