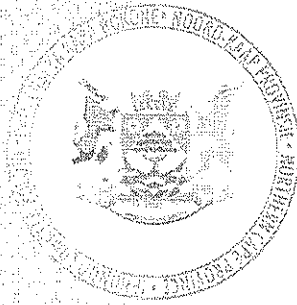


## APPENDICES



DEPARTMENT OF HEALTH

LEFAPHA LA BOITEKANELO

ISEBE LEZEMPILO

DEPARTEMENT VAN GESONDHEID

Private Bag x5900  
Upington  
8800

Tel:054-3312120  
Fax:054-3322642

mcloete@uphosp.ncape.gov.za

Enquiries :  
Dipatlisiso: Milly Bok  
Imibuzo :  
Navraa :

Reference :  
Tshupelo :  
Iselathiso :  
Verwysings :

Date :  
Letihla : April 2010  
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 3<sup>rd</sup> 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\*

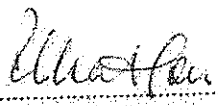
Approved unconditionally

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**





