# SANBS-Logo-s

# Declaration requirement

This form must be printed, signed by both the Principal Investigator and the HOD/Unit Head/Research Supervisor. The signed document must be submitted with your application.

# 1. Study title

Click or tap here to enter text.

# 2. I hereby declare that:

1.      The information provided in the SANBS HREC application form is complete and correct.

2.      I accept ultimate responsibility of the conduct of this study including the ethical execution of the protocol and protection of rights and welfare of the human participants who are directly or indirectly involved in this study.

3.      I will comply with all policies and guidelines of SANBS and my institution where this study is conducted as well as applicable laws regarding the protection of human subjects.

4.      I will conduct the trial as specified in the protocol.

5.      I will not commence with the study before written authorizations from the relevant ethics committee(s) have been obtained.

6.      I will obtain informed consent, where required, from all participants or if they are not legally competent, from their legal representatives.

7.      I will ensure that every participant (or other involved persons, such as relatives), shall at all times be treated in a dignified manner and with respect.

8.      I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this study. [Conflict of interest exists when an investigator (or the investigator’s institution), has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions.] Modified from: Davidoff F, et al. Sponsorship, Authorship, and Accountability. (Editorial) JAMA Volume 286 number 10 (September 12, 2001).

I will submit all required reports within the stipulated time-frames.

9.      I have previously been the principal investigator at a site which has been closed due to failure to comply with Good Clinical Practice or study protocol. (\*Attach details.)

[ ]  I have [ ]  I have not

10.      I have previously been involved in a study which has been closed as a result of unethical practices. (\*Attach details.)

[ ]  I have [ ]  I have not

# 3. Details of the Principal Investigator

Title Choose an item.

Name Click or tap here to enter text.

Surname Click or tap here to enter text.

Department Click or tap here to enter text.

Telephone number

(e.g. +27 11 123 4567) Click or tap here to enter text.

Date Click or tap to enter a date.

# 4. Declaration of the Principal Investigator

|  |  |
| --- | --- |
|  | [ ]  As Principal Investigator for this research, I confirm that the information provided in the SANBS HREC application form(s) is complete and correct. |

# 5. Signature of Principal Investigator

# 6. Details of the Institution HOD / Unit Head / Research Supervisor

Title Choose an item.

Name Click or tap here to enter text.

 Surname Click or tap here to enter text.

Department Click or tap here to enter text.

Telephone number

(e.g. +27 11 123 4567) Click or tap here to enter text.

Date Click or tap to enter a date.

# 7. Declaration of HOD / Unit Head / Research Supervisor

|  |  |
| --- | --- |
|  | [ ]  As HOD / Unit Head / Research Supervisor for this research, I confirm that the information provided in the SANBS HREC application form(s) is complete and correct. |

# 8. Signature of HOD / Unit Head / Research Supervisor

Please print, sign and upload this document when prompted to do so. This form MUST be signed by both the principal investigator and the HOD/Unit Head/Research Supervisor.

Your application will NOT be considered if this requirement is not complied with fully.