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| **For Office use** | | | |
| **Review Number** | **Date Sent** | **Date Reviewed** | **Follow up comment if applicable** |
|  |  |  |  |

**Date:**

**Name of Researcher:**

**Title of Research Proposal:**

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| Please complete all of the below fields which are applicable to you. Mark all of those not applicable with N/A, and return the form to [research@lifehealthcare.co.za](mailto:research@lifehealthcare.co.za) as soon as possible for monitoring purposes. | | | | | | | | | | | | | | | | |
| Please ensure that the following documents are attached to this form upon return: | | | | | | | | | | | | | | | | |
| **Student Research** | | | | **Clinical Trial** | | | | | | | | | | | | |
| * Higher Education Institution (HEI) /University Ethical Clearance * Life Healthcare Human Research Ethics (HREC) Committee approval letter | | | | * SAHPRA approval letter * Life Healthcare Human Research Ethics Committee (HREC) approval letter * Any additional approval documentation | | | | | | | | | | | | |
| Life Healthcare Employee | | | | YES | NO | | | Trial Doctor: Admitting | | | | YES | | | NO | | |
| If YES, employed/ admitting rights at | | | |  | | | | | | | | | | | | |
| Researcher cell number | | | |  | | | | | | | | | | | | |
| Researcher email | | | |  | | | | | | | | | | | | |
| Date of Life Healthcare HREC Approval | | | |  | | | | | | | | | | | | |
| Expiry date of Life Healthcare HREC Approval (if relevant) | | | |  | | | | | | | | | | | | |
| Date of HEI Approval | | | |  | | | | | | | | | | | | |
| Expiry date of HEI Approval | | | |  | | | | | | | | | | | | |
| Name of Higher Education Institution | | | |  | | | | | | | | | | | | |
| Which Life Healthcare facilities are being/were included in your research? (add additional lines below if required) | | | | | | | | | | | | | | | | |
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| If public facilities are also part of this project, which facilities are/were included in this research? (add additional lines below if required) | | | | | | | | | | | | | | | | |
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| Number of questionnaires completed AND/ OR percentage of data sample collected/ screened | | | | | | Total Required: | | | |  | | | |  | | |
| Is your data collection complete? | | | | | | |  | | | | | | | | | |
| Projected time to completion of the project | | | | | | |  | | | | | | | | | |
| If the project is complete, was a copy submitted to the Life Healthcare HREC before publication (circle applicable). NB: If NO – please ensure that a PDF copy of your report is attached to your email on return. | | | | | | | | | | | | | YES | | | NO  N/A |
| Is data stored securely? | | YES | NO | Proposed date of data destruction? | | | | | | |  | | | | | |
| How will data be destroyed? | | |  | | | | | | | | | | | | | |
| Have you encountered any difficulties with your data collection? Identified any risks that you observed which need to be addressed, etc? Please list anything which you may feel is important for the Life Healthcare HREC to know and follow up. Add additional pages if required. | | | | | | | | | | | | | | | | |
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| Further Comments |  | | | | | | | | | | | | | | | |
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| I certify that the above information is correct, and I understand falsification of any of the above responses could result in my research being suspended or terminated. | | | | | | | | | | | | | | | | |
| Researcher Full Name | |  | | | | | | | | | | | | | | |
| Researcher Signature | |  | | | | | | | | | | | | | | |
| Date | |  | | | | | | | | | | | | | | |