**FHS037 HREC Application Form: Reciprocal review of minimal risk research with prior approval from a South African Human Research Ethics Committee**

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| **This form is ONLY to be used to apply for UCT Human Research Ethics Committee (HREC) reciprocal approval of minimal risk research already approved by a South African Human Research Ethics Committee registered with the National Health Research Ethics Council (NHREC).**  **The decision for reciprocal review may only be at the discretion of the HREC Chairperson or EXCO.** | | | | | |
| 1. **Protocol information** | | | | | |
| Protocol title | |  | | | |
| Protocol number  (if applicable) | |  | | | |
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| Does this research have prior approval by a South African Human Research Ethics Committee (REC)? | | 🞏 Yes | | 🞏 No | |
| If yes above, please provide the following: | | Name of REC(s) that have approved the research. |  | Ethics approval reference & valid until? |  |
| If there is more than one prior REC approval, please state the primary REC of record | | Primary REC of record |  | Ethics approval reference & valid until? |  |
| Please provide a brief motivation for reciprocal approval. | | | | | |
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| |  |  |  | | --- | --- | --- | | **1.2 Please specify the level of risk associated with the proposed research protocol.**  **Note:** Research risk refers tothe probability and magnitude of harms participants may experience because of the proposed research methods and/or type of data to be collected. Examples include research procedures or collection of data relating to clinical diagnoses or side effects; cognitive or emotional factors such as stress or anxiety during data collection; and socio-economic or legal consequences of research such as stigma, loss of employment, deportation, or criminal investigation. | | | | 🞏 Low | 🞏 Medium | 🞏 High | | Please explain the research risk and justify the need for the proposed research. | | | |  | | |   **2. Principal Investigator(s) profile** | | | | | |
| **2.1 UCT Principal Investigator – (PI)** | | | | | |
| Title, First name, Surname |  | | | | |
| Department/Division |  | | | | |
| Phone |  | | | | |
| Email address |  | | | | |
| PI Signature |  | | | | |

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| **2.2 Principal Investigator – from the other institution where ethics approval has been obtained.** | | |
| Title, First name, Surname |  | |
| Department/Division |  | |
| Phone |  | |
| Email address |  | |
| PI Signature |  | |
| **2.3 Sub-investigator(s) Note:** Staff involved in the research must be listed as sub-investigators | | |
| Title, First name, Surname | Department/Division | Email |
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| **2.4 Is this protocol for degree purposes?** | | |
| 🞏 Yes | | 🞏 No |
| **If yes, please specify:** | | |
| **Type of degree** |  | |
| **Student’s title, first name, surname** |  | |
| **Student’s email** |  | |

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| **2.5 Supervisor(s)** | | |
| **Title, First name, Surname** | **Department and University** | **Email** |
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| **The following documents are required.** | **Tick** |
| 1. Completed application form for reciprocal review |  |
| 1. PI Generated Synopsis |  |
| 1. Copy of the approved research protocol and supporting documents e.g., consent forms, survey instruments, recruitment flyers etc. |  |
| 1. The approval letter(s) from other RECs, and especially the primary REC of record |  |

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| Please submit this form as well as the supporting documents in a single PDF via email for processing | **FHS Human Research Ethics Admin Office**  E52 Room 46, Old Main Building Groote Schuur Hospital, Observatory   * **Electronic copy of your submission to be emailed to:** [hrec-submissions@uct.ac.za](mailto:hrec-submissions@uct.ac.za) * **The email subject line must be clearly stated as follows:**   **HREC reciprocal review – and PI name** |