

**HEALTH RESEARCH ETHICS COMMITTEE 1 AND 2**

**PAYMENT INSTRUCTION: INDUSTRY-SPONSORED CLINICAL TRIAL**

*(INFORMATION SHOULD BE TYPED)*

Please submit this completed form with your HREC application

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1: DETAILS OF PRINCIPAL INVESTIGATOR** | | | |
| **Title, First name, Surname:** | | **SU number:** | ***PROJECT ID NUMBER***  *(HREC office use only)* |
| **SECTION 2: COMPANY DETAILS** | | | |
| **Name of Company** |  | | |
| **Company Registration number** |  | | |
| **VAT registration number** |  | | |
| **Postal address** |  | | |
| **Postal code** |  | | |
| **Physical address** |  | | |
| **Facsimile number** |  | | |
| **Contact person/monitor** |  | | |
| **Contact number** |  | | |
| **Email address** |  | | |
| **Protocol number** |  | | |
| **Site** |  | | |
| **SECTION 3: HREC CONTACT PERSON TO WHOM PAYMENT INSTRUCTIONS SHOULD BE FORWARDED** | | | |
| Contact person: **Ms Elvira Rohland**  Delivery address: **Room 5007, Research Development and Support Division (Tygerberg), 5th floor, teaching block, Faculty of Medicine and Health Sciences**  Email:[**elr@sun.ac.za**](mailto:elr@sun.ac.za)  Tel: **+27 21 938 9677**  Fax: **+27 21 938 9855** | | | |

|  |  |  |
| --- | --- | --- |
| **SECTION 4: SIGNATURE** | | |
| …………………………………………………………  Print name | …………………………………  Date | …………………………………  Signature |

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| **PAYMENT DETAILS** | |
| **AMOUNT** |  |
| **DATE DEPOSITED** |  |
| **WHERE DEPOSITED** |  |
| **IN SETTLEMENT OF** |  |
| **INVOICE NUMBER** |  |

**PAYMENT PROCESS:**

1. Submit a completed and signed *Payment instruction form: clinical trial* along with your application for a new project, progress report, amendment etc.
2. You/your sponsor will receive an HREC invoice.
3. Payment reference: **“invoice number”**
4. Please submit proof of payment to Ms Elvira Rohland [elr@sun.ac.za](mailto:elr@sun.ac.za)