

## **HREC Consultation Request Form**

## What is an HREC consultation?

Consultation involves meeting either in-person or via telephone or MS Teams with Staff of the Health Research Ethics Office and or the Health Research Ethics Committee Chairperson or members depending on the nature of the request. N.B. In line with the current SU work-from-home guidelines, consultations are offered via MS Teams or telephonically only at this time.

Consultations can be requested at any stage in the research process:

- a. **Pre-protocol submission** or submission of an HREC application: The purpose is to provide guidance and advice to researchers or research teams on specific aspects of the submission itself.
- b. **Post-HREC feedback**: Such consultations provide more focussed feedback and guidance to enable researchers to clarify specific concerns or recommendations by HREC as per the HREC letter. A second category of post-HREC consultation could also include discussions regarding amendments and protocol deviations.

## What is required for submitting the Consultation Request form?

- ✓ Completion of all sections of form to assist HREC in planning for consultations and in ensuring that consultations are optimally meaningful.
- ✓ Send via e-mail to <u>ethics@sun.ac.za</u> with the subject heading: CONSULTATION REQUEST

**Requester Name Details** 

Requester Name Details					
Name					
Telephone	Office	Mobile			
Number					
Email					

Kindly indicate if consultation	request relates to an e	existing (project previo	usly submitted)
or new submission:			

New Project	
Existing Project submission	



information e.g. draft proposal, d	•	
facilitate the consultation discuss		
For existing projects:		
HREC Project Reference		
Number		
Number		
Title		
To match your request to the mos		• *
member(s), please provide a brief		opic areas you would
specifically like addressed during	the consultation.	
Please indicate if there are sched	uling restrictions that our of	ffice should work around
(Clinic duties, teaching obligation	•	
if you believe additional or less ti	me will be needed, please le	et us know.
Who will attend the consultation	? Are there any additional in	ndividuals who will join the
discussion (for example, in the ca		
supervisor to join; or co-investiga	tors/research team membe	ers etc.)?
Name & Surname Te	elephone Numbers	Email



## Disclaimer – in context of HREC consultations:

- 1. A consultation involves an opinion by an HREC Member/Chair/HREO Staff member provided on request to support the relevant researcher(s).
- 2. The opinion is based on health research ethics principles that seem relevant to the question(s) as framed by the researcher(s) but is often provided in the face of limited / incomplete information regarding a project.
- 3. This opinion does not represent or bind any formal deliberations and/or decision an HREC may take.