**HEALTH RESEARCH ETHICS COMMITTEE 1 AND 2**

**PAYMENT INSTRUCTION: HEALTH/HUMAN RESEARCH - 2023**

*(INFORMATION SHOULD BE TYPED)*

Please submit this completed form and proof of payment (or internal requisition number) with your HREC application

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| **SECTION 1: DETAILS OF APPLICANT/PRINCIPAL INVESTIGATOR** | | | | | |
| **Title, First name, Surname:** | | **SU number:** | ***PROJECT ID NUMBER/ETHICS REFERENCE NO***  *(HREC office use only)* | | |
| **University DIVISION or DEPARTMENT:** | | | | | |
| **SECTION 2: TITLE OF STUDY** | | | | | |
| **Title of Research Project:** | | | | | |
| **SECTION 3: FUNDING SOURCE** *(Please check [X] the relevant funding source and indicate funder and project budget)* | | | | | |
|  | 1. **NIH/US government funded research** | | | | |
|  | 1. **Other international grant funded research** (e.g. Wellcome Trust) | | | | |
|  | 1. **National grant funded research** (e.g. NRF, MRC, CSIR, etc.) | | | | |
|  | 1. Harry Crossley funded research (exempt from HREC review fees) | | | | |
|  | 1. Research funded solely from SU departmental budget (exempt from HREC review fees) | | | | |
|  | 1. Self funded research (exempt from HREC review fees) | | | | |
|  | 1. Non-sponsored student research for degree purposes at Stellenbosch University (exempt from HREC review fees) | | | | |
| **Funder:** | | | | | |
| **TOTAL PROJECT BUDGET:** | | | | | |
| **SECTION 4: SUBMISSION FOR HREC REVIEW**  *(Please circle/highlight the appropriate HREC fee for* ***either*** *section* ***A + B: International grant*** *or* ***C: National grant****)* | | | | | |
| **Submission for HREC review** | | | | **HREC FEE** | |
| **A + B** | **C** |
| 1. New application (research budget > R10million) | | | | **R26 540.00** | **R7 980.00** |
| 1. New application (research budget > R5million) | | | | **R17 525.00** |
| 1. New application (research budget R1million to R5million) | | | | **R11 945.00** |
| 1. New application (research budget R500,000 to R1million) | | | | **R6 250.00** | **R4 270.00** |
| 1. New application (research budget R100,000 to R500,000) | | | | **R3 200.00** | **R2 130.00** |
| 1. New application (research budget < R100,000) | | | | **R1 470.00** | **R1 065.00** |
| 1. Extension / Roll-over study / Sub-study | | | | **R1 470.00** | **R1 065.00** |
| 1. Annual re-certification / Progress report | | | | **R1 470.00** | **n/a** |
| 1. Protocol amendment: Major (changes to study aims/methods/procedures) | | | | **R1 470.00** | **R1 035.00** |
| 1. Protocol amendment: Minor (small changes that do not affect study design) | | | | **R1 065.00** | **n/a** |
| 1. Informed consent amendment | | | | **R1 065.00** | **R750.00** |
| 1. Additional investigator (per investigator) | | | | **R750.00** | **n/a** |
| 1. Administrative charge – lost letters, copies of documents | | | | **R750.00** | **R750.00** |

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| **SECTION 5 HREC PAYMENT** *(Insert the amount you circled in Section 4 above)* | | | |
| …………………………………………………………  Print name | …………………………………  Date | …………………………………  Signature | **R**……………………………Amount paid |

**PAYMENT PROCESS:**

**Stellenbosch University applicants**

1. Submit a completed and signed *Payment instruction form: health/human research* **AND** proof of payment/internal requisition number along with your HREC application for a new project, progress report, amendment etc.
2. Interdepartmental requisitions are payable to: **Cost Centre 5434**
3. Payment reference: **“Principal Investigator’s surname and initials: Ethics reference number and Project ID”**
4. Research applications with outstanding HREC review fees will not enter the review process.

**External applicants**

1. Submit a completed and signed *Payment instruction form: health/human research* along with your HREC application for a new project, progress report, amendment etc.
2. You will receive an HREC invoice.
3. Payment reference: **“Principal Investigator’s surname and initials: Ethics reference number and Project ID”**
4. Research applications with outstanding HREC review fees will not receive their HREC letter.

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