**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:

1. **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.
2. **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 **ethics@sun.ac.za** with the subject heading: CONSULTATION REQUEST

**Requester Name Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone Number** | **Office** | **Mobile** |
|  |  |
| **Email** |  |

**Kindly indicate if consultation request relates to an existing (project previously submitted) or new submission**:

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| **New Project** |  |
| **Existing Project submission** |  |

**For new projects: Please briefly describe the nature of your study and append any information e.g. draft proposal, draft informed consent form etc.) you believe may facilitate the consultation discussion.**

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**For existing projects**:

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| **HREC Project Reference Number** |  |
| **Title**  |  |

**To match your request to the most appropriate HREO staff member(s) or HREC member(s), please provide a brief description of the issues/topic areas you would specifically like addressed during the consultation.**

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**Please indicate if there are scheduling restrictions that our office should work around (Clinic duties, teaching obligations, etc.). Consultations are typically scheduled for 1 hour, if you believe additional or less time will be needed, please let us know.**

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**Who will attend the consultation? Are there any additional individuals who will join the discussion (for example, in the case of postgraduate students it is important for the supervisor to join; or co-investigators/research team members etc.)?**

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| --- | --- | --- |
| **Name & Surname** | **Telephone Numbers** | **Email** |
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**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.**