

**UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG**

Division of the Deputy Registrar (Research and Innovation)

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**

**Biobanks Ethics Committee (BEC) – Application Form 2 - 2025**

**APPLICATION FORM 2:** Application for Storage/Retrieval /Transfer of Samples/Data

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| Study **Ethics Clearance Certificate** by the Medical Ethics Committee **is required** (no BEC 2 applications should be submitted without an Ethics Clearance Certificate). BEC 2 applications must be submitted in hard copy (1 x copy of an application form and all the required/supporting documents) at our offices and via e-mail: HREC-Medical.BEC@wits.ac.za, at any time, i.e. BEC 2 applications are not subject to the published monthly closing dates. |

**SECTION 1 - APPLICANT DETAILS:**

**Principal Investigator**

**Name: Prof [ ]  Dr [ ]  Mr [ ]  Ms [ ]  Other [ ]**

**Wits Staff number or Wits Student number** (if applicable)

**Professional Status**

**Tick the correct block and state towards what Post Graduate Degree/Diploma are you studying**

**Postgraduate: degree/diploma** (state which)[ ]

**Not for degree purpose****s [ ]**

**University Department / Division**

**Non-Wits Site / Institution** (if no association of any type with the University)

**Hospital/Institution where Employed** (if applicable)

 **Full-Time or Part-Time Employee: HPCSA no:**

**Contact Details:**

 ***(Telephone)***

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**Contact Details:**

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**Contact Details:**

***(Fax)***

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**SECTION 2:**

**2.1 BIOBANK DETAILS:**

**Name and Physical Address**

**Contact Details:**

*(****Telephone)***

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**2.2 CONTACT PERSON’S DETAILS FOR ALL CORRESPONDENCE:**

**Name:**

**Contact Details:**

***(Telephone)***

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**Email:**

**Co-Investigator/s Name/s and Contact Details:**

**SECTION 3:**

**TICK THE RELEVANT BOX BELOW**

**This application is for:**

 **a) Storage:** [ ]

 **b) Retrieval:** [ ]

 **c) Transfer (national / international):** [ ]

**SECTION 4 – Project DETAILS:**

1. **Project Title:**
2. **Summary of Project**
3. **Details of Protection of Human Participants samples/data and Informed Consent Procedures**
4. **Types of Samples/Data to be Stored/Retrieved/Transferred**
5. **Number and volume of samples to be Stored/Retrieved/Transferred**
6. **Conditions of Storage/Retrieval/Transfer**
7. **Duration of storage**
8. **Destruction of Samples/Data** (Where applicable)

**SECTION 5 - FUNDING / COSTS:**

**a) Please provide details below:**

**SECTION 6 - RELEVANT DOCUMENTATION REQUIRED:**

1. **Ethics Approval/C**l**earance Certificate of Research** (where applicable)
2. **Ethics Approval/Clearance Certificate of requesting Biobank**
3. **Copy of MTA/DTA** (where applicable)
4. **Other**

**SECTION 7:**

**WHO WILL SUPERVISE THE PROJECT?** (Where applicable)

**Name: Department:**

**Telephone No: Email:**

**Signature: Date:**

**SECTION 8:**

**HEAD / RESEARCH COORDINATOR OF DEPARTMENT / ENTITY IN WHICH STUDY WILL BE CONDUCTED** (Where applicable)

**Name: Department / Entity:**

**Tel No: Email:**

**Signature: Date:**

**SECTION 9:**

**APPLICANT'S SIGNATURE**

**Signature: Date:**