

**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

|  |
| --- |
| 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](mailto: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)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Telephone number)***

**Contact Details:**

***(Mobile)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Mobile number)***

**Contact Details:**

***(Fax)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Fax number)***

**Email:**

**SECTION 2:**

**2.1 BIOBANK DETAILS:**

**Name and Physical Address**

**Contact Details:**

*(****Telephone)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Telephone number)***

***(Mobile)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Mobile number)***

***(Fax)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Fax number)***

**Email:**

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

**Name:**

**Contact Details:**

***(Telephone)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Telephone number)***

***(Mobile)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Mobile number)***

***(Fax)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Country Code) (Fax number)***

**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:**