**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL) – WAIVER APPLICATION FORM 2025**

**FOR DEGREE AND OTHER INVESTIGATOR INITIATED RESEARCH**

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| **Waiver** application is appropriate for studies in which no active human participants are involved and no human materials (tissue, blood, hair, sputum, etc.) are to be used. Some typical examples are listed in the Appendix to this form. Waiver applications satisfying the criterion below section 1 may be submitted by e-mail ([**HREC-Medical.ResearchOffice@wits.ac.za**](mailto:HREC-Medical.ResearchOffice@wits.ac.za)), to the Medical Ethics Office at any time, *i.e.* they are not subject to the published monthly closing dates for full HREC (Medical) applications. |

**IMPORTANT INSTRUCTIONS:**

* Read the Appendix before completing this application form. Answer all questions (Y/N), incomplete application will not be accepted. State N/A rather than leaving question blank.
* **Please check the appropriate checkbox using an ‘X’**. This application form **must be typed**, and handwritten form will not be accepted.
* **Note Well: no data may be collected before the issue of an ethics waiver. In no circumstance will ethics clearance be issued retrospectively.**

**SECTION 1: STUDY CATEGORY**

**A waiver from ethics approval may be granted under the following circumstances:**

**Select study category**

1. **A review of information in the public domain**. Provide the title of the data source, a motivation regarding the review and confirm there are no active human participants. Data should normally be anonymised and aggregated. There should be no gatekeeper, membership requirement, fee payable, or the like; access must be freely available to any member of the public, at no cost. A literature review would normally fall into this category.
2. **For an *in vitro* or microbiology laboratory study**. If using cell lines, bacterial/viral/fungal cultures, materials, or whatever, confirm that no humans, human data or human bodily materials will be used. Provide a motivation in section 5.2 and the research protocol.
3. **For an environmental surveillance study.** Typically, this might involve topics as diverse as measurements of air quality or noise in the workplace, or in public places, the functional condition of hospital or other equipment and hospital waste disposal. A common feature is that there can be no human participation.
4. **An observational study.** This is where the movement of people in a public place might be observed. Individuals would not actively participate, or be visually identifiable, but they might be counted, or broadly categorized, *e.g.* by race or gender.

**SECTION 2 – STUDY DETAILS:**

**1.1 Purpose of the Research:**

Postgraduate Degree/Diploma: **Yes  No**  (If yes, state qualification):

Undergraduate Degree/Diploma: **Yes  No**  (If yes, state qualification):

Not for Degree Purposes: **Yes  No**

**1.2** Is this a New Submission? **Yes  No**

**1.3** Is this a Resubmission? **Yes  No**

(**If yes**, please give the previous HREC number):

**SECTION 3 – STUDY TITLE IN FULL** (No abbreviations)**:**

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| --- |
| **Study Title**: |

**SECTION 4 – INVESTIGATOR(S)/ SUPERVISOR(S)/APPLICANT INFORMATION:**

**4.1 PRINCIPAL INVESTIGATOR(S) -** Please repeat this box for any additional PIs:

|  |  |
| --- | --- |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **WITS STAFF/STUDENT NUMBER** |  |
| **PROFESSIONAL STATUS, OR STUDENT YEAR OF STUDY AND DEGREE** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **SITES(S) WHERE THE RESEARCH WILL BE CARRIED OUT (**Please furnish hospital/institution and department**)** |  |
| **NAME AND DATE OF ETHICS TRAINING**  (Please include/attach certificate) |  |

**4.2 CO-INVESTIGATOR(S) DETAILS -** Please repeat this box for any additional co-investigators:

|  |  |
| --- | --- |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **WITS STAFF/STUDENT NUMBER** |  |
| **PROFESSIONAL STATUS, OR STUDENT YEAR OF STUDY AND DEGREE** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **SITES(S) WHERE THE RESEARCH WILL BE CARRIED OUT (**Please furnish hospital/institution and department**)** |  |
| **NAME AND DATE OF ETHICS TRAINING**  (Please include/attach certificate) |  |

**4.3 SUPERVISOR(S) DETAILS -** Please repeat this box for all the supervisors:

|  |  |
| --- | --- |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **NAME AND DATE OF ETHICS TRAINING**  (Please include/attach certificate) |  |
| **PERCENTAGE OF SUPERVISION** |  |

**4.4 APPLICANT DETAILS** (if applicable – applying on behalf of PI/Investigators):

|  |  |
| --- | --- |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **NAME AND DATE OF ETHICS TRAINING**  (Please include/attach certificate) |  |

**SECTION 5: DESCRIPTION OF RESEARCH AND MOTIVATION FOR WAIVER**

## 5.1 List the objectives of the research: (Do not say “see attached”)

Primary (if applicable):

Secondary (if applicable):

## 5.2 Brief motivation for waiver: (Do not say “see attached”)

|  |
| --- |
|  |

## 5.3 Study protocol:

## PLEASE ATTACH A FULL STUDY PROTOCOL

**SECTION 5: INFORMATION, DECLARATION AND SIGNATURES (To be kept on separate page)**

**Investigator(s) Name and Surname:**

In appending my signature below, I confirm that I am aware of and agree to abide by the University’s policy on plagiarism, as referenced in the Appendix to this Application Form.

I have read and understood the terms and conditions in the Appendix of the HREC (Medical) Application Form. I acknowledge that it is my responsibility to ensure that I have received final HREC (Medical) clearance before commencing any research.

I declare that I have not and will not collect data or do secondary data analysis, or any other form of research involving human participants, prior to obtaining a Clearance Certificate from HREC (Medical).

I acknowledge that the University of the Witwatersrand and the University of the Witwatersrand, Human Research Ethics Committee (Medical) must be acknowledged on all publications emanating from this approval.

|  |
| --- |
| **Repeat Study Title here:** |

**PRINCIPAL INVESTIGATOR(S) -** Please repeat box for additional PIs**:**

|  |  |
| --- | --- |
| *Name:*  *Please Print Title, Name and Surname* |  |
| *Department:* |  |
| **Email:** |  |
| **Date:** |  |
| **Signature:** |  |

**CO-INVESTIGATOR(S) -** Please repeat box for additional co-investigators**:**

|  |  |
| --- | --- |
| *Name:*  *Please Print Title, Name and Surname* |  |
| *Department:* |  |
| **Email:** |  |
| **Date:** |  |
| **Signature:** |  |

**APPLICANT (where applicable -** applying on behalf of PI/Investigators**):**

|  |  |
| --- | --- |
| *Name:*  *Please Print Title, Name and Surname* |  |
| *Department:* |  |
| **Email:** |  |
| **Date** |  |
| **Signature:** |  |

**SUPERVISOR(S) (where applicable) -** Please repeat box for additional supervisors**:**

|  |  |
| --- | --- |
| *Name:*  *Please Print Title, Name and Surname* |  |
| *Department:* |  |
| **Email:** |  |
| **Date** |  |
| **Signature:** |  |

**HEAD OF DEPARTMENT / UNIT OF INSTITUTION / RESEARCH ENTITY IN WHICH STUDY WILL**

**BE CONDUCTED -** PLEASENOTE: HEAD OF DEPARTMENT MUST NOT SIGN IF THEY ARE A PRINCIPAL INVESTIGATOR / CO-INVESTIGATOR / SUPERVISOR ON THE STUDY:

|  |  |
| --- | --- |
| **Name:**  *Please Print Title, Name and Surname* |  |
| **Head of Dept / Unit of Institution / Research Entity where study will be conducted:** |  |
| **Date:** |  |
| **Signature:** |  |

# PLEASE DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

# Appendix: Guiding Information

**The following are the types of study which most commonly qualify for an ethics waiver**:

1. **A review of information in the public domain**. Provide the title of the data source, a motivation regarding the review in section 4.2 in the form and confirm there are no active human participants. Provide the research protocol. Data should normally be anonymised and aggregated. There should be no gatekeeper, membership requirement, fee payable, or the like; access must be freely available to any member of the public, at no cost. A literature review would normally fall into this category.
2. **For an *in vitro or microbiology* laboratory study**. If using cell lines, bacterial/viral/fungal cultures, materials, or whatever, confirm that no humans, human data or human bodily materials will be used. Provide a motivation in section 5.2 and the research protocol.
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4. **An observational study.** This is wherethe movement of people in a public place might be observed. Individuals would not actively participate, or be visually identifiable, but they might be counted, or broadly categorized, *e.g.* by race or gender.

# Important notes

1. It is the responsibility of the Principal Investigator in an application to ensure that he/she has received the final HREC (Medical) Waiver before commending any research.
2. Indicate clearly, where correspondence should be sent; failure to do this may cause delays. Please provide the supervisor’s e-mail address (where applicable) for sending copies of correspondence.
3. Signature requirements are not obviated by the attachment of a study protocol, or any other document
4. If any doubt exists, please come into the Ethics Office (Phillip Tobias Building, 3rd Floor, Corner York Road and Princess of Wales Terrace, Parktown) during normal office hours and ask the staff on duty there, or send an email to [HREC-Medical.ResearchOffice@wits.ac.za](mailto:HREC-Medical.ResearchOffice@wits.ac.za).
5. Waivers are normally provided by the HREC (Medical) Chairperson without discussion by Full HREC (Medical).

**Note Well: no data may be collected before the issue of an ethics waiver. In no circumstance will ethics clearance be issued retrospectively.**

HREC (Medical) Committee Form Revision/Edit version Number

* Application Form version, June 2025.