HEALTH RESEARCH ETHICS COMMITTEE 1 AND 2

PAYMENT INSTRUCTION: INDUSTRY-SPONSORED CLINICAL TRIAL

(INFORMATION SHOULD BE TYPED)

Please submit the completed form with your HREC application

SECTION 1: DETAILS OF PRINCIPAL INVESTIGATOR		
Title, First name, Surname:	**SU number:**	***PROJECT ID NUMBER/ETHICS REFERENCE NO***

SECTION 2: COMPANY DETAILS	
Name of Company	
Company Registration number	
VAT registration number	
Postal address	
Postal code	
Physical address	
Facsimile number	
Contact person/monitor	
Contact number	
Email address	
Protocol number	
Site	

SECTION 3: HREC CONTACT PERSON TO WHOM PAYMENT INSTRUCTIONS SHOULD BE FORWARDED

Contact person: **Ms Elvira Rohland**
Delivery address: **Room 5007, Research Development and Support Division (Tygerberg), 5th floor, teaching block, Faculty of Medicine and Health Sciences**
Email: **elr@sun.ac.za**
Tel: **+27 21 938 9677**

SECTION 4: SIGNATURE		
…… Print name	…… Date	…… Signature

FOR OFFICE USE ONLY	
PAYMENT DETAILS	
AMOUNT	
DATE DEPOSITED	
WHERE DEPOSITED	
IN SETTLEMENT OF	
INVOICE NUMBER	

PAYMENT PROCESS:

1. Submit a completed and signed *Payment instruction form: clinical trial* along with your application for a new project, progress report, amendment etc.
2. You/your sponsor will receive an HREC invoice.
3. Payment reference: **"invoice number"**
4. Please submit proof of payment to Ms Elvira Rohland elr@sun.ac.za