

HEALTH RESEARCH ETHICS COMMITTEE 1 AND 2

PAYMENT INSTRUCTION: HEALTH/HUMAN RESEARCH - 2026

(INFORMATION SHOULD BE TYPED)

Please submit this completed form and proof of payment (or internal requisition number) with your HREC application

SECT	ON 1: DETAILS OF APPLICANT/PRINCIPAL I	NVESTIGATOR					
Title.	First name, Surname:	SU number:	PROJECT ID NUMBER/ETHICS REFERENCE NO				
naic, mot name, samaine.			(HREC office use only)				
Unive	ersity DIVISION or DEPARTMENT:						
SECT	ON 2: TITLE OF STUDY						
Title	of Research Project:						
SECT	ON 3: FUNDING SOURCE (Please check [X] t	he relevant funding source	e and indicate funder and proje	ect budget)			
	A. NIH/US government funded research	h					
	B. Other international grant funded re	B. Other international grant funded research (e.g. Wellcome Trust)					
	C. National grant funded research (e.g.	C. National grant funded research (e.g. NRF, MRC, CSIR, etc.)					
	D. Harry Crossley funded research (exe	D. Harry Crossley funded research (exempt from HREC review fees)					
	E. Research funded solely from SU depart	artmental budget (exempt	t from HREC review fees)				
	F. Self funded research (exempt from H	F. Self funded research (exempt from HREC review fees)					
	G. Non-sponsored student research for fees)	· · · · · · · · · · · · · · · · · · ·					
FUNE	DER:						
TOTA	L PROJECT BUDGET:						
SECT	ON 4: SUBMISSION FOR HREC REVIEW						
(Plea	se circle/highlight the appropriate HREC fee	for either section A + B: I	nternational grant <u>or</u> C: Nation	nal grant)			
	Submission for HREC review		HREC	FEE			
			A + B	С			
1.	New application (research budget > R10million	n)	R30 150.00				
2.	New application (research budget > R5million)		R19 910.00	R9 070.00			
3.	New application (research budget R1million to	R5million)	13 570.00				
4.	New application (research budget R500,000 to R1million)		R7 100.00	R4 850.00			
5.	New application (research budget R100,000 to R500,000)		R3 630.00	R2 420.00			
6.	New application (research budget < R100,000)		R1 590.00	R1 210.00			
7.			R1 670.00	R1 210.00			
8.			R1 670.00	n/a			
9.				R1 180.00			
				n/a			

11. Informed consent amendment	R1 210.00	R820.00
12. Additional investigator (per investigator)	R850.00	n/a

SECTION 5 HREC PAYMENT (insert the amount circled in Section 4 above)							
Print name	Date	Signature	R0.00				

PAYMENT PROCESS:

Stellenbosch University applicants

- 1. Submit a completed and signed *Payment instruction form: health/human research* **AND** proof of payment/internal requisition number along with your HREC application for a new project, progress report, amendment etc.
- 2. Interdepartmental requisitions are payable to: Item Code IDO00035, FMHS HREC Services
- 3. Payment reference: "Principal Investigator's surname and initials: Ethics reference number and Project ID"
- 4. Research applications with outstanding HREC review fees will not enter the review process.

External applicants

- 1. Submit a completed and signed *Payment instruction form: health/human research* along with your HREC application for a new project, progress report, amendment etc.
- 2. You will receive an HREC invoice.
- 3. Payment reference: "Principal Investigator's surname and initials: Ethics reference number and Project ID"
- 4. Research applications with outstanding HREC review fees will not receive their HREC letter.

Enquiries: Lauren Abrahams labrahams@sun.ac.za