

forward together sonke siya phambili saam vorentoe

HEALTH RESEARCH ETHICS COMMITTEE 1 AND 2 PAYMENT INSTRUCTION: HEALTH/HUMAN RESEARCH

RECIPROCAL REVIEWS - 2026

(INFORMATION SHOULD BE TYPED)

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

SECT	ION 1: DETAILS OF APPLICANT/PRINC	PAL INVESTIGATOR							
Title, First name, Surname: SU Number:			PROJECT ID NUMBER/ETI	PROJECT ID NUMBER/ETHICS REFERENCE N					
			(HREC office เ	ise only)					
Univ	ersity DIVISION or DEPARTMENT:	(· · · · · · · · · · · · · · · · · · ·	(zo ojjice doe omy)						
<u> </u>	CISICY DIVISION OF DEFAMINE.								
SECT	ION 2: TITLE OF STUDY								
Title	of Research Project:								
SECT	ION 3: FUNDING SOURCE (Please check	([X] the relevant funding source a	nd indicate funder and proj	ect budget)					
	A. NIH/US government funded research								
	B. Other international grant funded research (e.g. Wellcome Trust)								
	C. National grant funded research (e.g. NRF, MRC, CSIR, etc.)								
	D. Harry Crossley funded research (exempt from HREC review fees)								
	E. Research funded solely from SU	E. Research funded solely from SU departmental budget (exempt from HREC review fees)							
	F. Self funded research (exempt fr	Self funded research (exempt from HREC review fees)							
	G. Non-sponsored student research fees)								
FUN	DER:								
ТОТ	AL PROJECT BUDGET:								
	ION 4: SUBMISSION FOR HREC REVIEW								
(Plea	ise circle/highlight the appropriate HRE								
	Submission for HREC review		HREC FEE						
			A + B	С					
1.	New application (research budget > R10r		R17 560.00	R17 560.00 R11 600.00 R4 400.00					
2.	New application (research budget > R5m	illion)	R11 600.00						
3.	New application (research budget R1mill	ion to R5million)	R7 900.00	900.00					
4.	New application (research budget R500,000 to R1million)		R4 130.00	R2 360.00					
5.	New application (research budget R100,000 to R500,000)		R2 120.00	R1 180.00					
6.	. New application (research budget < R100,000)		R940.00	R590.00					
7.	Extension / Roll-over study / Sub-study	<u></u>	R980.00	R590.00					
8.	Annual re-certification / Progress repo	rt	R980.00	n/a					
9.	Protocol amendment: Major (changes t	o study aims/methods/procedures)	R980.00	R590.00					

10. Protocol amendment: Minor (small ch	R710.00		n/a						
11. Informed consent amendment	R710.00		R420.00						
12. Additional investigator (per investiga	R500.00		n/a						
SECTION 5: HREC PAYMENT (Insert the amount you circled in Section 4 above)									
Print Name	Date Signature		RAmount F		t Paid				

PAYMENT PROCESS:

Stellenbosch University applicants

- 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: 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.

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