

UNIVERSITY OF THE  
WITWATERSRAND  
JOHANNESBURG



HUMAN RESEARCH ETHICS  
COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research & Post Graduate Affairs)

**TO:** Ms M Nalisa  
School of Clinical Medicine  
Department of Surgery  
Medical School  
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**CC:** Supervisor: Drs P Fru-Fonteh and T Augustine <Pascaline.Fru-Fonteh@wits.ac.za>  
and <HREC-Medical.ResearchOffice@wits.ac.za>

**FROM:** Iain Burns  
Human Research Ethics Committee (Medical)  
Tel: 011 717 1252  
  
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**DATE:** 05/06/2018

**REF:** R14/49

**PROTOCOL NO:** M180133 *(This is your ethics application study reference number. Please quote this reference number in all correspondence relating to this study)*

**PROJECT TITLE:** *Early immune responses in acute pancreatitis and their role in predicting disease severity*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to the Government funding of the University.



R14/49 Ms M Nalisa

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)  
CLEARANCE CERTIFICATE NO. M180133**

**NAME:** Ms M Nalisa  
**(Principal Investigator)**  
**DEPARTMENT:** School of Clinical Medicine  
Department of Surgery  
Medical School  
University

**PROJECT TITLE:** Early immune responses in acute pancreatitis and  
their role in predicting disease severity

**DATE CONSIDERED:** 26/01/2018

**DECISION:** Approved unconditionally

**CONDITIONS:**

**SUPERVISOR:** Drs P Fru-Fonten and T Augustine

**APPROVED BY:**   
Professor CB Penny, Chairperson, HREC (Medical)

**DATE OF APPROVAL:** 05/06/2018

**This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.**

**DECLARATION OF INVESTIGATORS**

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on 3rd floor, Phillip V Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.

I/We fully understand the conditions under which I am/we are authorised to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to resubmit to the Committee. **I agree to submit a yearly progress report.** The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in **January** and will therefore be due in the month of **January** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

**PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES**