 <p>UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG</p>	<p>HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)</p>
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**Office of the Deputy Vice-Chancellor (Research and Innovation)**

**TO:** Milles J van der Merwe and R Gebbie  
School of Electrical and Information Engineering  
University

E-mail: [1829172@students.wits.ac.za](mailto:1829172@students.wits.ac.za)

**CC:** Supervisor: Professor V Aharonson  
<[Vered.Aharonson@wits.ac.za](mailto:Vered.Aharonson@wits.ac.za)>  
and <[HREC-Medical Research Office@wits.ac.za](mailto:HREC-Medical Research Office@wits.ac.za)>

**FROM:** Mr Iain Burns  
Human Research Ethics Committee (Medical)  
Tel: 011 717 1252

E-mail: [Iain.Burns@wits.ac.za](mailto:Iain.Burns@wits.ac.za)

**DATE:** 2022/09/12

**REF:** R14/49

**PROTOCOL NO:** **M220883** (This is your ethics application reference number. Please quote it in all enquiries, oral or written, relating to this study.)

**PROJECT TITLE:** *Which hand?*

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 Government funding of the University.





R49 Mles J van der Merwe and R Gebbie

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**  
**CLEARANCE CERTIFICATE NO. M220883**

**NAME:**  
**(Principal Investigator)**

Mles J van der Merwe and R Gebbie

**DEPARTMENT:**

School of Electrical and Information Engineering  
University

**PROJECT TITLE:**

*Which hand?*

**DATE CONSIDERED:**

Ad hoc

**DECISION:**

Approved unconditionally

**CONDITIONS:**


**NOTE:**

If contact information regarding student study participants is required, please contact the Registrar's office - <Nicoleen.Potgieter@wits.ac.za>

**SUPERVISOR:**

Professor V Aharonson

**APPROVED BY:**

  
Dr CB Penny, Chairperson, HREC (Medical)

**DATE OF APPROVAL:**

2022/09/12

This Clearance Certificate is valid for 5 years from the date of approval. An extension may be applied for.

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**DECLARATION OF INVESTIGATORS**

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

I/we fully understand the conditions under which I am/we are authorized 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 submit details to the Committee. **I agree to submit a yearly progress report.** When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **August** and therefore reports and re-certification will be due in the month of **August** each year. Unreported changes to the study may invalidate the clearance given by the HREC (Medical).

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Signature of Principal Investigator

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Date