**A7**

**PERMISSION TO DO RESEARCH**

**TO:** PROF SL SHANGASE

 Chair of the School of Dentistry, University of Pretoria

 CEO Oral and Dental Hospital

**FROM:** THE INVESTIGATORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO DO THE FOLLOWING RESEARCH AT THE ORAL AND DENTAL HOSPITAL**

We are full-time employees in the Department:

|  |  |
| --- | --- |
| UPOHC: | Other: |
|  |  |

We are requesting permission to conduct a study on the Oral and Dental Hospital grounds. We request access of:

|  |  |
| --- | --- |
| Dental Records |  |
| Radiographs |  |
| Interviews with Staff |  |
| Interviews with Students / Other |  |

The title of the study is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The outcome of the study:

|  |  |  |  |
| --- | --- | --- | --- |
| PhD | MChD | MSc | Other |
|  |  |  |  |

We intend to submit the findings of the study for publication in a professional journal and/or at a professional meeting like symposia, congresses, or other meetings of such a nature.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Ethics Committee, University of Pretoria. Ethics nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF THE INVESTIGATOR/S**

**PERMISSION TO DO RESEARCH STUDY AT THIS HOSPITAL AND TO ACCESS THE INFORMATION AS REQUESTED IS HEREBY APPROVED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROF SL SHANGASE DATE**

**CHAIR – SCHOOL OF DENTISTRY**

**CEO OF ORAL AND DENTAL HOSPITAL**