

PAYMENT FOR ETHICAL CLEARANCE

FORM FOR REQUESTING CONTROL NUMBER

Payer Name	
Mobile Number (Local e.g.: 0777*****)	
Email address	
Payment for (Title of Research Proposal)	
Type of Payment (Select from ZAHREC Payment Rates below)	
Amount (USD/TSHS)	

Send the filled-out form to zahrec@zahri.go.tz

PROPOSAL SUBJECT	REQUIRED FEE							
	RESEARCHERS		STUDENTS					
	Tanzania (Tshs.)	International (USD) *	Tanzania (Tshs.)			International (USD)		
			Undergraduate	MSc	PhD	Undergraduate	MSc	PhD
Registration**	100,000	100	-	-	50,000	50	100	150
Ethical Clearance Fees								
<i>Ordinary Health Research Proposal</i>	300,000	500	20,000	50,000	100,000	100	250	300
Clinical Trials Research Proposal	2,000,000	2,000	-	1,000,000	1,000,000	-	750	750
<i>Renewal of Ethical Approval ordinary proposal</i>	100,000	100	-	50,000	50,000	50	100	150
Renewal clinical trial research proposal	500,000	500	-	200,000	200,000	-	200	200
<i>Expedited review on ordinary proposal</i>	1,500,000	1,500	-	-	-	-	-	-
Expedited review on	3,000,000	4,000	-	-	-	-	-	-

clinical trial proposal	0							
Amendment on Clinical trial Health Research Proposal	500,000	500	-	-	-	-	250	250
<i>Amendment on ordinary Health Research Proposal</i>	200,000	300	-	30,000	50,000	-	150	200