



PAYMENT FOR ETHICAL CLEARANCE

FORM FOR REQUESTING CONTROL NUMBER

Payer Name	
Mobile Number (Local e.g.: 0715*****)	
Email address	
Payment for (Title of Research Proposal)	
Type of Payment (Select from NatHREC Payment Rates below)	
Amount (USD/TSHS)	

Send the filled-out form to nimrethics@gmail.com

NatHREC Payment Rates

Payment Rates	Tanzanian Collaborators (Tshs)	International Collaborators (USD)	Tanzanian Students (Tshs)	International Students (USD)
Ordinary Proposal (Expedited Review)	1,100,000.00	1,100.00	Not applicable	Not applicable
Clinical Trial Proposal (Expedited Review)	3,100,000.00	4,100.00	Not applicable	Not applicable
Ordinary Proposal (Ordinary Review)	400,000.00	600.00	250,000.00	350.00
Clinical Trial Proposal (Ordinary Review)	2,100,000.00	2,100.00	1,100,000.00	750.00
Ordinary Proposal (Amendment)	200,000.00	300.00	100,000.00	150.00
Clinical Trial Proposal (Amendment)	500,000.00	500.00	250,000.00	250.00
Ordinary Proposal (Extension)	100,000.00	100.00	100,000.00	100.00
Clinical Trial Proposal (Extension)	200,000.00	200.00	200,000.00	200.00