

# REPUBLIC OF RWANDA/REPUBLIQUE DU RWANDA



## NATIONAL ETHICS COMMITTEE / COMITE NATIONAL D'ETHIQUE

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Ministry of Health

P.O. Box. 84

Kigali, Rwanda.

FWA Assurance No. 00001973  
IRB 00001497 of IORG0001100

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**For a thorough and complete review, all research proposals shall be submitted to the following: RNEC RhInnO platform link: <https://rnecrwanda.rhinno.net/> at least 15 (fifteen) working days before the scheduled meeting date.**

- Copy of the request letter. (Mention in the letter if you made any amendments or not, if you made amendments indicate where the amendments are in the document.)
- Copy of the protocol
- Copy of the patient informed consent and the patient information sheet in English or French and Kinyarwanda
- To provide CV's of all investigators and their respective role in the study.
- To provide the study budget
- Attach the previous approval you got from the Rwanda ethics committee
- Complete the progress report form if you are requesting annual renewal
- Review Fees of amount of 750,000 FRW (Seven hundred fifty thousand Rwandan Francs) the fees can be paid to the following account number: Rwanda National Ethics Committee **00001-013010 53 298-63 RWF** in COGEBANQUE.
- Proof of payment must be enclosed with the file submitted