UNIVERSITY OF GHANA

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| Official Use onlyProtocol number |

 

**Ethics Committee for Humanities (ECH)**

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| CONTINUING REVIEW SUBMISSION FORM |

REQUIREMENT

As part of the Ethics procedure a continuing review form and report shall be conducted on all research protocol submitted to the ECH.

1. Please complete all sections of this form
2. A two page detailed report should accompany the continuing review form.
3. Submit 11 hard copies of the form and all other documents to the ECH administrator and send a soft copy to the address ech@ug.edu.gh

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| Section A- BACKGROUND INFORMATION |

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| Title of Study |  |
| Principal Investigator: |  |
| Co-Investigators |  |
| Certified Protocol Number (CPN) |  |
| Address: |  |
| E-mail address(s): |  |
| Office Number/Fax: |  |
| Mobile Phone Number: |  |

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| Section B – PROTOCOL STATUS |

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| Location of Research Activity |  |
| 1. Pending:

If Yes, please indicate the reason why the study has not yet begun: | Yes/No |
| 1. Active:

If yes, please indicate the month and year the study begun: | Yes/No(mm/yyyy) |
| 1. Duration of Project
2. How long has project run?
3. Time remaining
 |  |
| 1. Closed:

If yes, please indicate the date the study closed(If project is closed a Request for File Closure must be submitted to the ECH) | Yes/No |

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| Section C – PARTICIPANT INFORMATION |

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| 1. Total Number of Participants since study begun
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| 1. Number of participant enrolled to date
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| 1. Number of participants discontinued

(State reason for participant discontinuation) |  |
| 1. Number of participants scheduled for follow-up
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| Section D– STUDY ASSESSMENT |

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| **ASSESSMENT** | **YES** | **NO** | **N/A** |
| 1. Have there been any complaints received from anyone about the study? (Participant, parents/Guardians, staff, Community members)
 |  |  |  |
| 1. Have there been any unanticipated problems or serious adverse events in the past approved period? (If yes, please included all copies of serious adverse event reports with this submission)
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| 1. Have there been any amendments/revisions approved since the last review? (Indicate date of approval)
 |  |  |  |
| 1. Have there been changes in participant population, recruitment, study procedures or consent procedures that were not submitted for approval to the ECH.
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| 1. Do you wish to submit an amendment request to this study? (If yes, please describe the request and rationale for the changes)

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**NB: A two page detailed progress report should be attached. The report should be substantive and complete. This should include the goal(s) of the study, findings to-date, how the findings have been shared with the community and plans for the next year/review period.**

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| Section E– SIGNATURE |

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| **Name of Principal Investigator:** |
| **Signature:** |
| **Date:** |

**Please do not fill this section (For official use only)**

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| **Reviewed By:** |
| **Date Reviewed:** |
| **Comments:** |
| **Action(s):** |