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| --- |
| **Official Use Only**Protocol number |

 

 **OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT**

 **Ethics Committee for the Humanities (ECH)**

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| **STUDY CLOSURE FORM**  |

**REQUIREMENTS**

1. Please complete all sections of this form.
2. A cover letter addressed to the ECH Chair should be attached to this form.
3. A detailed report of the study should be attached to this form.
4. Submit softcopies of the documents as a single PDF file to the ECH Office via the email address ech@ug.edu.gh in the following format:
5. Cover letter
6. Completed Study Closure Form
7. A detailed report of the study

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| **Section A- BACKGROUND INFORMATION** |

|  |  |
| --- | --- |
| Title of Study:  |  |
| Principal Investigator: |  | Study start date: |  |
| Certified Protocol Number |  | Duration of project: |  |

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| **Section B– STUDY ASSESSMENT** |

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| --- | --- |
| Status of study: i. Completed ii. Study never initiated *(state reason)* |  |
| Total number of participants enrolled: |  |
| Number of participants discounted: *(State reason for discontinuation)* |  |
| Number of participants who completed the study |  |
| Total number of adverse events |  |
| Have there been any significant findings related to the study? | YesNo*If yes, please attach a summary of the finding(s)* |
| Are there any publications or presentations that have resulted from data collected from this study | YesNo*If yes, please attach a list of publications or presentation* |

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| **Section C– REASON FOR CLOSURE OF STUDY** |

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| --- | --- |
| Study completed | YesNo |
| Study never initiated  | YesNo*If yes, please state the reason(s)* |
| Others (Please explain) |  |

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| **Section D– 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):** |