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| **Official Use Only**  Protocol number |

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**OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT**

**Ethics Committee for Humanities (ECH)**

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| **CONTINUING REVIEW SUBMISSION FORM** |

**REQUIREMENTS**

A continuing review form and report shall be conducted on all research protocols submitted to the ECH as part of the Ethics procedure.

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 two-page detailed report should accompany the continuing review form.
4. Submit softcopies of the documents as a single PDF file to the ECH Office via the email address [ech@ug.edu.gh](mailto:ech@ug.edu.gh) in the following order:
5. Cover letter
6. Completed Continuing Review Form
7. Two-page detailed report

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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 began: | Yes/No  (mm/yyyy) |
| 1. Duration of Project 2. How long has the project run? 3. Time remaining |  |
| 1. Closed:   If yes, please indicate the date the study closed  (If the 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 the study began |  |
| 1. Number of participants enrolled to date |  |
| 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 any unanticipated problems or serious adverse events in the past approved period? (If yes, please include all copies of serious adverse event reports with this submission) |  |  |  |
| 1. Have any amendments/revisions been 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. |  |  |  |
| 1. Do you wish to submit an amendment request to this study? (If yes, please describe the request and rationale for the changes) |  |  |  |

**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):** |