CONTINUING REVIEW SUBMISSION FORM

REQUIREMENTS

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

1. Please complete all sections of this form
2. A three page detailed report should accompany the continuing review form. (details outlined below section D of this form)
3. Submit 2 (two) hardcopies and send a soft copy of all documents to ethicscbas@ug.edu.gh to facilitate the review process. Use Times New Roman, Font size 12 with 1.15 spacing

Section A- BACKGROUND INFORMATION

Title of Study

Principal Investigator:

Co-Investigators

Certified Protocol Number
(CPN)
Address:

E-mail address(s):

Office Number/Fax:

Mobile Phone Number:

Section B – PROTOCOL STATUS

Research Location

1. Pending: Yes/No

If Yes, please indicate the reason why the study has not yet begun:

2. Active: Yes/No

If yes, please indicate the month and year the study begun: (mm/yyyy)

3. Duration of Project

   i. How long has project run?

   ii. Time remaining

4. Closed: Yes/No

If yes, please indicate the date the study closed

(If project is closed a Request for File Closure must be submitted to the ECBAS)

Section C – PARTICIPANT INFORMATION

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

(State reason for participant discontinuation)

4. Number of participants scheduled for follow-up

Section D– STUDY ASSESSMENT

ASSESSMENT	**YES**	**NO**	**N/A**
1. Have there been any complaints received from anyone about the study? (Participant, parents/Guardians, staff, Community members)			
2. 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)			
3. Have there been any amendments/revisions approved since the last review? (Indicate date of approval)			
4. Have there been changes in participant population, recruitment, study procedures or consent procedures that were not submitted for approval to the ECH.			
5. Do you wish to submit an amendment request to this study? (If yes, please describe the request and rationale for the changes)			

NB: A three page detailed progress report should be attached. The report should be substantive and complete. This should include

- **i) A brief introduction to the study**
- **ii) The goal(s) of the study**
- **iii) Progress made towards achieving goals of the study**
- **iv) Difficulties encountered so far if any and how you intend to overcome them**
- **v) Findings to-date**
- **vi) How the findings have been shared with the community and plans for the next year/review period.**

Section E– SIGNATURE

As the **Principal Investigator / Co-investigator** on this project, my signature confirms that:

1. I will ensure that all procedures performed under the study will be conducted in accordance with all relevant policies and regulations that governing research ethics.
2. I understand that if there is any change from the project as originally approved I must submit an amendment to the ECBAS for review and approval prior to its implementation. Where I fail to do so, the amended aspect of the study is invalid.
3. I understand that I will report all serious adverse events associated with the study within seven days verbally and fourteen days in writing.
4. I understand that I will submit progress reports periodically as indicated on the clearance letter for review and renewal. Where I fail to do so, the ECBAS is mandated to terminate the study upon expiry.
5. I agree that I will submit a final report to the ECBAS at the end of the study.

Name of Principal Investigator:	
Signature:	
Date:	

P. O. Box LG 1195, Legon, Accra, Ghana

For office use only

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