



REQUIREMENT

- i. Please complete all sections of this form
- ii. Attach a detailed report of the study to this closure form
- iii. Submit 10 hard copies of the form to the ECBAS administrator/office and send a soft copy to this address ethicscbas@ug.edu.gh

Section A- BACKGROUND INFORMATION

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

Section B- STUDY ASSESSMENT

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?	Yes No Please attach summary of finding
Are there any publications or presentations that have resulted from data collected from this study	Yes No If yes, please attach a list of publications or presentation

Section C- REASON FOR CLOSURE OF STUDY

Study completed	Yes No
Study never initiated	Yes No (If yes, please state reason)
Others (Please explain)	

Section D- SIGNATURE

Name of Principal Investigator:	
Signature:	Date:

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

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