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| Official Use onlyProtocol number |

***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

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| **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: |  |

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| **Section B – PROTOCOL STATUS** |

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| Research Location |  |
| 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 ECBAS ) | 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
 |  |
| 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)
 |  |  |  |
| 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.
 |  |  |  |
| 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 three page detailed progress report should be attached. The report should be substantive and complete. This should include**

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

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| **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.

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

**For office use only**

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