UNIVERSITY OF GHANA

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| Official Use onlyProtocol number |

 

 OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT

**Ethics Committee for Basic and Applied Sciences (ECBAS)**

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| STUDY CLOSURE FORM  |

REQUIREMENT

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

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| Section A- BACKGROUND INFORMATION |

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

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| 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? | YesNoPlease attach summary of finding |
| Are there any publications or presentations that have resulted from data collected from this study | YesNoIf 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, pleases state reason) |
| 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):** |