**UNIVERSITY OF GHANA**

**Office Use Only**

**Protocol Number**



COLLEGE OF BASIC AND APPLIED SCIENCES

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

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| **NEW PROTOCOL SUBMISSION FORM** |

ADMINISTRATIVE COVER SHEET

1. Requirements:
2. A new protocol must be submitted to the ECBAS at least five weeks before the proposed commencement date of the research.
3. All sections of the form must be completed before protocol can be considered for review.
4. 13 hard copies of proposal must be submitted to the ECBAS in addition to other documentations as spelt out in the SOP (or attached checklist). A soft copy of the proposal and other documentations should also be emailed to  [ethicscbas@ug.edu.gh](mailto:%20ethicscbas@ug.edu.gh)

1. University of Ghana Approved Charges for Ethics Committees
2. Clinical Trials - $ 750
3. Protocols - $ 500

**Exempt Category: UG students and faculty members with UG grants (UG funded)**

**The processes for making payment are as follows:**

1. Contact the Office of Research, Innovation and Development (ORID) Account Office or the appropriate ethics committee where an invoice will be generated.
2. Proceed to make payment at University of Ghana Cash Office.
3. Protocol is then submitted to the appropriate ethics committee with receipt attached for processing and review.

**NB: Individuals, international organization and UG-faculty with externally funded grants are not exempted**

1. **Payment**
2. Payment Receipt No**.:……………………..**

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1. Payment waiver**…………………**. YesNo
2. If yes, provide justification**………………………………………………………………………….**

**Section A – Background Information**

1. Project Title:
2. Proposed Date of Commencement:
3. Principal Investigator

Name and Title:

Qualifications:

Postal Address:

Institution / Department:

Phone number(s) & Email address:

1. Co-Investigator(s)

Name and Title:

Qualifications:

Postal Address:

Institution/Department:

Phone number(s) & Email address:

1. Student Investigator(s)

Name and Title:

Qualifications:

Postal Address:

Institution/Department:

Phone number(s) & Email address:

Supervisor’s name and Title:

Contact information:

5a. Indicate Status

Undergraduate Master’s Doctorate

5b. Thesis Proposal Approval Letter and Introductory Letter from Head of Department

(Attach copies of the Letters)

**Section B – Project Information**

* 1. Proposed Project Duration – From: To:
  2. State collaborating Institution(s) (if applicable)
  3. Funding Status of Project

Funding pending Funded Not funded Other

* 1. Source of funding (Name and Address):
  2. Research Location(s):
  3. Data Collection Instruments (i.e. Interview, questionnaire, observation et cetera)
  4. Consent Process (Circle all that applies):

1. Written (ii) Oral (iii) English Language (iv) Local Dialect (v) Other
   1. Please indicate if a work plan is attached
   2. Will your research activity involve human participants? (Circle/tick appropriate option):

Yes No

* 1. Will your research activity involve use of Animals? (circle/tick appropriate option):

Yes No

* 1. Will your research activity involve plants? (Circle/tick appropriate option):

Yes No

* 1. Are you conducting a Biomedical Research which includes cell/tissue/blood/culture? (Circle appropriate option):

Yes No

* 1. Will your research activity involve modification of organisms? (Circle Appropriate option):

Yes No

Section C – Project Classification

This section requires that you indicate the processes or procedures the research study will involve according to the category of subject for the research

In the case of use of Human Participants (Please tick appropriate activities otherwise indicate N/A or NO)

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| --- | --- |
| 1. The study involves participants who are particularly vulnerable or unable to give informed consent. (e.g. people under the age of 18, people with learning disabilities, students you teach or assess, etc.) |  |
| 1. The study involves invasive, intrusive or potentially harmful procedures of any kind. |  |
| 1. Drugs, placebos or other substances (e.g. food substances, vitamins) will be administered to the study participants. |  |
| 1. Is physical pain or psychological stress from the proposed project likely to cause harm or negative consequences beyond the risks in normal life? |  |
| 1. Will there be administration of food or nutritional substances, fluids of any kind to the research participants? |  |

In the case of use of Animals (Please tick appropriate activities otherwise indicate N/A or NO)

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| --- | --- |
| 1. The study will involve experimental activities on animal species during a period of routine examination, sampling, monitoring, procedures and treatments. |  |
| 1. The experiments involve procedures on animals which are expected to produce little or minimal discomfort or pain |  |
| 1. Experiments may involve significant pain or stress to the animal species |  |

In the case of research being conducted in the Environment (please tick appropriate categories otherwise indicate N/A or NO)

|  |  |
| --- | --- |
| 1. The research may involve endangered, vulnerable or threatened species or populations |  |
| 1. The study will involve introduction or release of genetically modified substances |  |
| 1. Introduction of any foreign biological material or substances of any type into an area. |  |
| 1. The use of toxic or radioactive chemicals |  |
| 1. The study will be conducted in a preserved or conserved area |  |

Section D – Risk Management

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| 1. State any details of the types of risks that might be identified during the period of research, the extent of the risks and any other details regarding the risks that may come as a result of the study |
| 1. Provide details of any possible actions to address any of the risks mentioned above. |
| 1. Provide details of the impact of the research on participants, species, habitats, environment etc. |
| 1. Provide details of possible non-reversible risks impacts that might occur during the course of the study. |
| 1. Provide detailed procedure of disposing or discarding of any research equipment, chemicals, and hazardous substances. |
| 1. Provide detailed procedure for spillage and accidents during the course of the study. |

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**Section E – Signature Page**

Name of person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role on the study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all student projects:

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Student Investigator Date Supervisor’s Signature Date

***Note:***

As the **Principal Investigator/Student Investigator** on this project, my signature confirms that:

(i) I will ensure that all procedures performed under the study will be conducted in accordance with UG –wide policy statement on ethical conduct of research involving human and animal subjects as well as the environment. I will comply with the Standard Operating Procedure of ECBAS as well.

(ii) 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.

(iii) I understand that I will report all serious adverse events associated with the study within seven days verbally and fourteen days in writing.

(iv) I understand that

I will submit progress reports as recommended by the committee for review and renewal. Where I fail to do so, the ECBAS is mandated to terminate the study.

(v) I agree that I will submit a final report to the ECBAS at the end of the study.