**RESEARCH OPERATIONS OFFICE**

**INSTITUTE OF HEALTH RESEARCH**

**UNIVERSITY OF HEALTH AND ALLIED SCIENCES**

**RESEARCH ETHICS COMMITTEE (REC)**

**CONTINUING REVIEW SUBMISSION FORM**

**INSTRUCTIONS**

1. Please complete all sections of this form.
2. For submission, accompany this form with a maximum of three page report.
3. 8 hard copies of this form together with other required documents should be submitted and a soft copy sent to [rec@uhas.edu.gh](mailto:rec@uhas.edu.gh).

***NB: The detailed progress report should contain a brief background of study with goals, challenges, amendments, findings and mode of communicating findings with the community.***

**Section 1 - Background Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of Study |  | | | | |
| Principal Investigator | | | |  | |
| Co-Investigators | | | |  | |
| Certified Protocol Number | | | | |  |
| E-mail address | |  | | | |
| Contact Numbers | | |  | | |

**Section 2 - Status of Protocol**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Location of Study |  | | |
| 1. Duration of Study |  | | |
| 1. Has study commenced? 2. If yes, state when. 3. If no, state why. | | Yes No | |
|  | |
| 1. If you want to request for extension, state the duration | | |  |

**Section 3 - Information of Participants**

|  |  |  |
| --- | --- | --- |
| 1. Total number of participants expected for study: | | |
| 1. Total number of participants enrolled to date: | | |
| 1. Number of participants withdrawn: | | |
| 1. Voluntarily 2. By Investigator 3. Due to SAE 4. Other reasons (specify) | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | |
| 1. In case of animal/vector study, 2. What is the expected total number to be sampled? 3. How many have been sampled to date? | | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ |

**Section 4 - Assessment of Study**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | N/A |
| 1. Has any participant/parent/guardian/community member/staff lodged any complaint about the study? |  |  |  |
| 1. Has there been any incidence of unanticipated risk or serious adverse events to participants since the last review? |  |  |  |
| 1. Has there been any change in risks or benefits due to new information? |  |  |  |
| 1. Has there been any amendment approved since the last review? |  |  |  |
| 1. Has there been a change in participant population, recruitment, consent procedure, or study procedure that was not submitted for approval by REC? |  |  |  |
| 1. Are you requesting for protocol amendments to this study? If yes, attach a copy of the details including the purpose. |  |  |  |
| 1. Does this study have any Data Safety and Monitoring Board? If yes attach the most recent report from them. |  |  |  |

**Section 5 - Signature**

|  |
| --- |
| Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |