

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

STUDY CLOSURE REPORT FORM

Tel: +233-503539896/ 233-0302679323/ Fax + 233-0302685424

Email : ethics.research@ghsmail.org



Complete this form when:

1. Participants are no longer being enrolled
2. All participants have finished their final visits and follow-up
3. The sponsor has indicated the study is closed

The principal investigator is required to complete, sign and date this form and submit to the ERC Administrator. A summary of the study and reasons for closure should be attached to this form.

The GHS-ERC will review this report and write officially to the principal investigator confirming protocol closure.

1. ERC Approval Number	
2. Project Title	
3. Proposed end of study	
4. Principal Investigator	
5. Address of PI	
6. Co-Investigator(s)	
7. Collaborating institution (if applicable)	
8. Status of Study	<p>() Completed-all subjects have completed treatment and follow-up activities, data analysis completed.</p> <p>() Study never initiated Please attach reasons for not initiating study</p>

9. Total number of participants enrolled	
10. Total number of Participants withdrawn during the study	
11. Total number of participants who completed study	
12. Total number of adverse events	
13. Have there been any significant findings related to the protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a summary of findings.
14. Are there any publications or presentations that have resulted from data collected from this study?	<input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, please attach list of publications /presentations
Signature of Principal Investigator ----- Date ----- -	

Please do not fill below this line (For ERC use only)

Reviewed By:
Date reviewed:
Comments:
Action:

¹ Updated Version 3 dated October 23, 2018 - Property of GHS-ERC Secretariat only