

UNIVERSITY OF GHANA



University of Ghana Institutional Animal Care and Use Committee (UG-IACUC)

Phone:
Email: UG-IACUC@ug.edu.gh

P.O. Box LG 581
Legon, Accra
Ghana

Office Location: Department of Animal Experimentation Building, Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana

FORM B: CONTINUE REVIEW FORM

FOR OFFICE USE ONLY

1. **TYPE OF PROJECT** (please check one): Research ☐ Teaching/training ☐ Testing ☐
2. **UG - IACUC PROTOCOL NUMBER:** _____
3. **PAYMENT**
 - i. Payment Receipt No.....
 - ii. Payment waiver.....Yes ☐ No ☐
 - iii. If yes, provide justification.....

INSTRUCTIONS

- i. Please complete all sections and attach a report (a maximum of **three** page).
- ii. Under Section C, check boxes with X and attach a memo explaining any “yes” answers.
- iii. Submit one hard copy and send a soft copy with all documents to UG-IACUC@ug.edu.gh to facilitate the review process.
- iv. This form must be completed in Times New Romans with a font size 11.

GUIDELINES FOR ATTACHED REPORT

- i. A brief introduction to the study including objectives
- ii. Progress towards achieving research objectives
- iii. Barriers to meeting objectives (where applicable) and strategies to overcoming them
- iv. Likelihood of meeting original timeline
- v. Interim analysis of data and adverse events
- vi. Opinion as to whether the risk/benefit ratio for the study remains reasonable
- vii. Have you shared findings of research with local community?

SECTION A: BACKGROUND INFORMATION

- i. Title of study:
- ii. Principal Investigator:
- iii. Co-Investigators:
- iv. Certified Protocol Number (CPN):

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- v. Initial Date of Approval:
 - vi. Recent Date of Approval:
 - vii. Duration of Project:
 - a) How long has project run?
 - b) Time remaining
 - c) If requesting for an extension state duration required:
-

SECTION B: ENROLLMENT

- i. Total number of animal/vectors enrolled *to date*:
 - ii. Number of animal/vectors enrolled *since last renewal*:
 - iii. Estimated number to be enrolled in upcoming year:
 - iv. Number of animal/vectors discontinued in the study:
 - a. by investigator (s):
 - b. voluntarily:
 - c. Other Reasons (Specify):
-

SECTION C: STUDY ASSESSMENT

YES NO N/A

- i. Have there been any complaints received from anyone about the study?
[Community Members, Staff, etc]
- ii. Have there been any unanticipated problems or serious adverse events
involving risk to animals since the last renewal? If yes, include all

☐ ☐ ☐☐ ☐ ☐

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copies of serious adverse event reports with this submission.

- iii. Have the risks or benefits changed as a result of any new information? ☐ ☐ ☐
- iv. Does this study have a Data Safety and Monitoring Board?
If yes, provide the most recent report from that board. ☐ ☐ ☐
- v. Have there been any amendments approved since the last review? ☐ ☐ ☐
- vi. Have there been changes in Animal population, recruitment, study procedures or consent procedures that were **not** submitted for approval by the UG-IACUC? ☐ ☐ ☐
- vii. Are you requesting any changes (i.e. protocol amendment) in Animal population recruitment, study procedures or consent procedures as part of this renewal? ☐ ☐ ☐

SECTION D: SIGNATURE

As the **Principal Investigator / Co-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 all relevant policies and regulations that govern research involving animals.
- ii. I understand that if there is any change from the project as originally approved I must submit an amendment to the UG-IACUC 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.
- v. I understand that I will submit progress reports each year for review and renewal. Where I fail to do so, the UG-IACUC is mandated to terminate the study upon expiry.
- vi. I agree that I will submit a final report to the UG-IACUC at the end of the study.

Name and Signature of Principal Investigator.....

Date.....