



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

Phone:  
Email: [UG-IACUC@ug.edu.gh](mailto: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 D: PROTOCOL CLOSURE 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 final report (a maximum of **three** pages).
- 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](mailto: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. Research materials and methodology
- iii. Analysis and discussion
- iv. Further studies to be done
- v. Any significant findings

**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. Duration of Project:

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**SECTION B: ENROLLMENT**

- i. Total number of animal/vectors enrolled?
- ii. Number of animal/vectors discontinued in the study:  
a. by investigator (s):  
b. voluntarily:  
c. Other Reasons (Specify):
- iii. Total number of animal/vectors used to complete the study:
- 

**SECTION C: STUDY ASSESSMENT**

- |                                                                                                                                                                                                                            | YES                      | NO                       | N/A                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| i. Have there been any complaints received from anyone about the study?<br>[Community Members, Staff, etc]                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Did the anticipated risks or benefits change during the study?                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Did this study have a Data Safety and Monitoring Board?<br>If yes, provide the most recent report from that board.                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Was your study audited or monitored by UG-IACUC or any other<br>agency? If yes, please attach a copy of the findings and any corrective actions<br>that have been implemented as a result of this audit or monitoring. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Are there any publications from this study? If yes, please attach an<br>Abstract and link to journal where article was published.                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-



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SECTION D: REASON FOR STUDY CLOSURE

YES NO N/A

- i. Data analysis complete
- ii. Interim analysis determined study is not safe or useful
- iii. No funding, time constraints or personnel to do the study
- iv. Others (Please explain)

SECTION E: SIGNATURE

As the **Principal Investigator / Co-investigator** on this project, my signature confirms that:

- i. The study was conducted in accordance with all relevant policies and regulations that govern research involving animal participants
- ii. I agree that the study should be closed

**Name and Signature of Principal Investigator**.....

**Date**.....