

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 E: STUDY DEVIATION 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. **This form is to be used to report any major or minor protocol violations (A protocol deviation is a one-time, unintentional action or process that departs from the UG-IACUC approved protocol, identified retrospectively after event has occurred)**
- ii. Please complete all sections of the form.
- 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.

SECTION A: BACKGROUND INFORMATION

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

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SECTION B: DEVIATION DESCRIPTION

Please state a description of the deviation and the reasons why the deviation occurred

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SECTION C: ACTIONS TAKEN

Please describe any follow-up action(s) taken or planned as a result of the deviation e.g. reporting to sponsor, informing participants etc.

Please state the action(s) that have or will be taken to prevent similar deviation in future.

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SECTION D: SIGNATURE

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

- i. The information provided on this form is true and in accordance with all relevant policies and regulations that govern research involving animal participants.
- ii. I agree to the fact that there is a protocol deviation.

Name and Signature of Principal Investigator.....

Date.....