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 ☐
      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

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………………………………………………………………………………………………………………