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 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:

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

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<th>YES</th>
<th>NO</th>
<th>N/A</th>
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i. Have there been any complaints received from anyone about the study? [Community Members, Staff, etc]  

ii. Did the anticipated risks or benefits change during the study?

iii. Did this study have a Data Safety and Monitoring Board?  
If yes, provide the most recent report from that board.

iv. Was your study audited or monitored by UG-IACUC or any other agency? If yes, please attach a copy of the findings and any corrective actions that have been implemented as a result of this audit or monitoring.

v. Are there any publications from this study? If yes, please attach an Abstract and link to journal where article was published.
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…………………………………………………………………………………………….