

**Navrongo Health Research Centre**

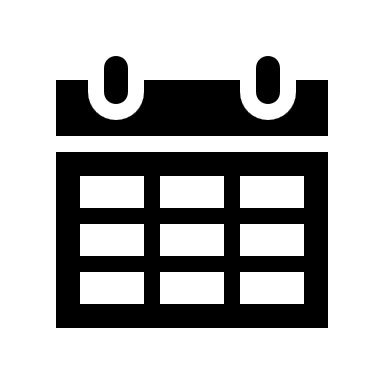
**Institutional Review Board (NHRCIRB)**

Research & Development Division

Ghana Health Service

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17 September 2024

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*My Ref*………………………….......

*Your Ref*……………………………

**FINAL STUDY REPORT SUBMISSION REQUIREMENTS**

A Final Study Report shall be submitted by the investigator when the last participant has completed all visits and all adverse events have been brought to appropriate resolution.

This report submission shall include copies of the following documents:

* A cover letter from the investigator and addressed to the Chairperson of the NHRCIRB
* A final report form is available at the NHRCIRB Secretariat for completion
* Copies of any change(s)/amendment(s) made to the protocol/consent forms since the last approval shall be submitted as well.
* Summary of up-to-date data on the study.
* List of publications/presentations or dissemination plan

*Note: The Navrongo Health Research Centre Institutional Review Board meets every third Saturday of every other month.*

**Submit Applications to (via email):**

The Administrator

Navrongo Health Research Centre Institutional Review Board

P. O. Box 114

Navrongo-Ghana

**PLEASE COMPLETE THIS FORM ELECTRONICALLY BEFORE PRINTING IT OUT**

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| **FINAL STUDY REPORT FORM** | |
| 1. Project Title |  |
| 1. NHRCIRB Approval Number |  |
| 1. Protocol version number and Date |  |
| 1. Study end date |  |
| 1. Name of Principal Investigator |  |
| 1. Address of PI |  |
| 1. Co-Investigator(s) |  |
| 1. Collaborating institution (if applicable) |  |
| 1. Number of participants studied/recruited |  |
| 1. Number of participants withdrawn from the study   d. lost to follow-up | a. by investigator: \_\_\_\_\_\_\_\_\_  b. voluntarily: \_\_\_\_\_\_\_\_\_  c. due to SAE: \_\_\_\_\_\_\_\_  d. other (specify) \_\_\_\_\_\_\_\_ |
| 1. Have there been any serious adverse events? | a. Yes  b. No |
| 1. Were these SAEs reported to the NHRCIRB?   If no, please explain | a. Yes  b. No  c. NA |
| 1. Were there any changes to the original protocol? | a. Yes  b. No |
| 1. Were these changes reported to the NHRCIRB?   If no, please explain | a. Yes  b. No  c. NA |
| 1. Have there been any significant findings related to the study? | a. Yes  b. No |

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| --- | --- |
| 1. Were there any changes to the list of investigators on this study? | a. Yes  b. No |
| 1. In your opinion, were there any new developments that may have changed the risk/benefit ratio? | a. Yes  b. No |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Person completing this form  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (dd/mmm/yyyy): |  |

**Please do not fill below this line (For NHRCIRB use only)**

|  |
| --- |
| Reviewed By: |
| Date reviewed(dd/mmm/yyyy): |
| Comments: |
| Action: |