

**Navrongo Health Research Centre**

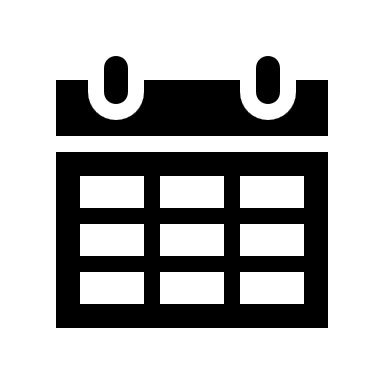
**Institutional Review Board (NHRCIRB)**

Research & Development Division

Ghana Health Service

Post Office Box 114

Navrongo, UER – Ghana.



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17 September 2024

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[nhrcirb@gmail.com](mailto:nhrcirb@gmail.com)

*My Ref*………………………….....

*Your Ref*…………………………...

**PROTOCOL ADDENDUM FORM**

An addendum to the original study shall be submitted for review before implementation.

An Addendum submission shall include copies of the following documents:

* A cover letter from the investigator and addressed to the Chairperson of the NHRCIRB
* Completed addendum form (this form is available at the NHRCIRB Secretariat)
* A summary of the addendum
* A summary of the protocol
* Summarized copies of any changes/amendments made to the protocol/consent forms since the last approval
* A progress report (if active)

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

**Submit the Application 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**

**A. Principal Investigator**

|  |  |
| --- | --- |
| 1. Principal Investigator |  |
| 2. Address |  |
| 3. Phone number |  |
| 4. E-mail address |  |

**B. Protocol Information**

|  |  |
| --- | --- |
| 1. Title of protocol |  |
| 1. Protocol Approval number |  |
| 1. Date of Approval |  |
| 1. Protocol version no. and date |  |
| 1. Funding agency (if any), grant number |  |
| 1. Location of research activity |  |
| 1. Is study Active? | Yes/No |
| 1. Please indicate remaining duration of the study (*Enter “NA” if study is not active)* |  |
| 1. \*Ethics approval dates from additional institutions if any.   *\*Please note that copies of current ethical approvals from additional institutions are required.* |  |

**C. Protocol Addendum**

|  |  |
| --- | --- |
| Summary of Addendum: A few paragraphs stating what you wish to do and why, how it will be accomplished (methodology), and any changes to the risk/benefit ratio of the study.  **Please attach details of request** |  |

**D. Current Consent Form**

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| --- |
| 1. Please attach a copy of your current consent form 2. Is this the original consent form or a revised one? Original Revised   If revised, please provide date of NHRCIRB approval for the revision: --/---/---- (dd/mmm/yyyy) |

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| --- |
| **Additional Comments:** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature (Principal Investigator**)** Date(dd/mmm/yyyy)

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

|  |
| --- |
| Reviewed By: |
| Date reviewed: |
| Comments: |
| Action: |