

**Navrongo Health Research Centre**

**Institutional Review Board (NHRCIRB)**

Research & Development Division

Ghana Health Service

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*My Ref*………………………….......

*Your Ref*……………………………

**STUDY CLOSURE REPORT FORM**

**Please complete this form when:**

1. Participants are no longer being enrolled
2. All participants have finished their final visits and follow-up
3. The sponsor has indicated the study is closed and

**Notification of study closure shall include the following:**

1. A cover letter from the investigator addressed to the Chairperson of the NHRCIRB
2. Completed study closure form
3. A summary of key findings and reasons for closure
4. List of publications/presentations if applicable

**Submit 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**

|  |  |
| --- | --- |
| 1. NHRCIRB Approval Number |  |
| 1. Project Title |  |
| 1. Version No. & Date |  |
| 1. Date of study closure |  |
| 1. Principal Investigator |  |
| 1. Address of PI |  |
| 1. Co-Investigator(s) |  |
| 1. Collaborating institution (if applicable) |  |
| 1. Status of Study | Completed - all subjects have completed treatment and follow-up activities, data analysis completed.  Study never initiated    Please attach reasons for not initiating study |
| 1. Total number of participants enrolled |  |
| 1. Total number of Participants withdrawn during the study |  |
| 1. Total number of participants who completed study |  |
| 1. Total number of serious adverse events |  |
| 1. Have there been any significant findings related to the protocol? | Yes  No  Please attach a summary of findings. |
| 1. Are there any publications or presentations that have resulted from data collected from this study? | Yes  No  If, yes, please attach list of publications /presentations |
| Signature of Principal Investigator --------------------------------------------------------------  Date (dd/mmm/yyyy) --------------------------------------------------------------- | |

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

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