



**37 Military Hospital Institutional Review Board
(37 MH-IRB)
Neghelli Barrack, Accra**

FORM B – CONTINUING REVIEW FORM

INSTRUCTIONS:

1. Please complete all sections and attached a report (details outlined below section C of this forms)
2. Under Section C, check boxes with X and attached a memo explaining any ‘yes ‘ answers.
3. Submit a soft copy of all documents to irbmilhosp@gmail.com to facilitate the review process.
4. Use vet clear font size such as Time New Roman 12pt, Arial 11pt, and Calibri 12 pt.

SECTION A – BACKGROUND INFORMATION

Title of Study:

Principal Investigator:

Co- Investigators:

Certified Protocol Number (CPN):

Initial Date of Approval:

Recent Date of Approval:

Duration of Project:

a) How long has project run?

b) Time remaining

If requesting for an extension state duration required:

SECTION B - ENROLLMENT

1. Total number of participants enrolled to date: _____
2. Number of participants enrolled since last renewal _____
3. Estimated number to be enrolled in upcoming year: _____
4. Number of participants discontinued: _____
 - a. By investigator: _____
 - b. Voluntarily: _____
 - c. Due to SAE: _____
 - d. Other Reasons (Specify) _____
5. In case of animal/ vector studies _____
 - a. List number sampled to date _____
 - b. List number yet to be sample in the upcoming year _____

SECTION C – STUDY ASSESSMENT

- | | NO | YES | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have there been any complaints received from anyone about the study?
[Participants, Parents/ Guardians, Community Members, Staff etc.] | ☐ | ☐ | ☐ |
| 2. Have there been any unanticipated problems or serious adverse events
Involving risk to participations since the last renewal? If yes, include all
Copies of serious adverse event reports with this submission. | ☐ | ☐ | ☐ |

3. Have the risks or benefits changed as a result of any new information? ☐ ☐ ☐
4. Does this study have a Data Safety and Monitoring Board? ☐ ☐ ☐
If yes, provide the most recent report from that board.
5. Have there been any amendments approved since the last review? ☐ ☐ ☐
6. Have there been changes in participant population, recruitment, study ☐ ☐ ☐
Produce or consent procedures that were **not** submitted for approval
By the IRB?
7. Are you requesting any changes (i.e. protocol amendment) in participant ☐ ☐ ☐
Population recruitment, study procedures or consent procedures as part
Of this renewal?

NB: A maximum of 3 pages report should be attached. The report should address the following:

- 1. A brief introduction to the study including objectives**
- 2. Progress towards achieving research objectives**
- 3. Barriers to meeting set objectives and strategies to overcome them**
- 4. Likelihood of meeting original timeline**
- 5. Interim analysis of data and adverse events**
- 6. Opinion as to whether the risk/benefits ratio for the remains reasonable**
- 7. For community studies, how any findings have been shared with the local community**

SECTION D – SIGNATURE

As the **Principal Investigator/ Co- investigator** on this project, my signature confirms that:

1. I will ensure that all procedures performed under the study will be conducted accordance with all relevant policies and regulations that govern research involving human participants.
2. I understand that if there is any change from the project as originally approved I must submit an amendment to the 37MH-IRB for review and approval prior to its implementation. Where I fail to do so, the amended aspect of the study is invalid.

3. I understand that I will report all serious adverse events associated with the study within seven days verbally and fourteen days in writing.
4. I understand that I will submit progress reports each year for review and renewal. Where I fail to do so, the 37MH-IRB is mandated to terminate the study upon expiry.
5. I agree that I will submit a final report to the 37MH-IRB at the end of the study.

Name & Signature of Principal Investigator : _____
Date: _____