**COUNCIL FOR SCITIFIC AND INDUSTRIAL RESEARCH-INSTITUTIONAL REVIEW BOARD (IRB)**
**APPLICATION FORM FOR PROTOCOL SUBMISSION**


**(Please complete and submit together with full Protocol for IRB Consideration)**

## PART 1: ADMINISTRATIVE INFORMATION OF PRINCIPAL INVESTIGATOR (S)

| | | |
|---|---|---|
| 1.1 Title of study: | | |
| | | |
| **1.2** Full name of Principal Investigator (s) (PI) (Surname first)**:** **(please specify if more than one)** | | |
| i. Surname: | First Name: Others: | |
| ii.. Institutional Affiliation: | | |
| iii. Full Postal Address of Principal Investigator: | | |
| iv. Telephone: | v. Mobile: | v. Email: |
| | | |

## PART 11: INFORMATION ON COLLABORATOR (S)/ CO-PRINCIPAL INVESTIGATORS
**(please specify if more than one)**

| | | |
|---|---|---|
| **1**.6(a) Name of first Collaborator**:** | Institutional Affiliation (s): | |
| | | |
| | | |
| | Full Address: | |
| | | |
| | | |
| | Telephone: | Mobile: |
| | Email: | |
| | | |
| 1.6(b) Name of second Collaborator: | Institutional Affiliation: | |
| | | |
| | | |
| | Full Address: | |
| | | |
| | | |
| | Telephone: | |
| | Email: | |
| | | |

| | | |
|---|---|---|
| 1.6(c) Name of third Collaborator | Institutional Affiliation: | |
| | | |
| | | |
| | Full Address: | |
| | | |
| | | |
| | Telephone: | Mobile: |
| | Email: | |

**PART II1: INFORMATION ON SPONSOR (S)**

| | | |
|---|---|---|
| 1.7 Name of Sponsoring Agency **(please specify name of lead person)** | Institutional Affiliation (s): | |
| | Full Address | |
| | Telephone: | Mobile: |
| | Email: | |

**PART IV: INFORMATION ON PROPOSED STUDY**

1**. NATURE OF PROTOCOL** (Please tick appropriate column)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| i) Institutional Protocol☐ | ii) Academic Protocols ☐ | | | | | iii) Individual ☐ | iv. Others(specify) ☐ |
| | PhD ☐ | MSc ☐ | MPhil ☐ | MPH ☐ | Undergraduate ☐ | | |

2**.TYPE OF STUDY** (Please tick appropriate column)

| **Type A** | **B. Type B** | **Type C** |
|---|---|---|
| i. Clinical Trial ☐ | iv. Social Science ☐ (**please tick which of the below is applicable to your study)** | v. Implementation Research ☐ |
| ii) Biomedical Study/Epidemiological Study ☐ | a. Economic studies ☐ | |
| iii) Others (specify): ☐ | b. Policy Studies ☐ | |
| | c. Exploratory studies ☐ | |
| | d. Monitoring and Evaluation studies ☐ | |
| | h. Other (Specify) ☐ ..... | |

| **3. STUDY SITE (S)** | |
|---|---|
| i. Name of Study Site: | Region (s): Greater Accra |
| | District (s): Accra |
| | Sub-District (s) |
| ii. Name of Study Site: | Region (s): |
| | District (s): |
| | Sub-District (s) |
| iii. Name of Study Site: | Region (s): |
| | District (s): |
| | Sub-District (s) |
| iv. Name of Study Site: | Region (s): |
| | District (s): |
| | Sub-District (s) |

| 4. **DATE OF INITIAL SUBMISSION TO CSIR-IRB**: DD/MM/YY | | |
|---|---|---|
| 5. **DURATION OF STUDY**: | Start of Study: | End of Study: |

**PART V: TYPE OF REQUEST (please tick appropriately)**

| | | | |
|---|---|---|---|
| A) New Submission: 1. Yes □ | | 2. No □ | |
| B) Request for Amendment: 1. Yes □ | | 2. No □ | |
| C. Type of Amendment: □ | | | |
| i. Additional information to protocol □ | ii. Change of study site □ | iii. Additional study site □ | iv. Additional PI (s) □ |
| v. Change of PI(s) □ | vi. Work on Informed Consent □ | vii. Work on Questionnaire (s) □ | |
| viii. Others (please specify): | | | |
| | | | |

**PART VI: FOR IRB OFFICIAL USE ONLY**

1. Protocol ID No: ..... Date Received: ..... Month received: .....Year received: .....

2. Process of Protocol Consideration:
i. Underwent Full General Review □ ii Recommended for Expedited Review □

3. Date of Initial Review: .....

4. Outcome of Initial Review:

| | | | | |
|---|---|---|---|---|
| i. Outright approval □ | ii. Conditional approval □ | iii. Redesign document □ | iv. Pending □ | Other (specify: □ |

5. Date of Re-submission: .....

6. Outcome of Resubmission Review:

| | | | |
|---|---|---|---|
| i. Approved □ | ii. Conditional □ | iii. Pending □ | Others (specify): □ |

7. Date of Final Approval: .....

8. Status of Approved Study:

i. Started □ ii. Ongoing □ iii. Completed □ iv. Yet to Start □

vi. Suspended □ vi. Discontinued □ vii. Others (specify) □

9. Request for Presentation of Study by PI (s) (1) Yes □ (2) No □

10.Submission of Reports:
A. Submitted □ B. Not Submitted □

Type of Report Submitted:
i. Initial/ Inception report □
ii. Interim Report □
iii. Progress report □
iv. Adverse Report/Serious Adverse report □
v. Final /Completion report □

*Adapted from- GHS*