**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**RESEARCH ETHICS COMMITTEE**

P.O. Box 1410 Mbarara, Tel: +256-48-542-0785, Fax: +256-48-542-0782

CONTINUING REVIEW APPLICATION FORM

Protocol Number: |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Protocol title: |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Investigator’s name: |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Telephone #: |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Name of Institution: |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Action requested for

\_\_ New participant accrual to continue

\_\_ Enrolled participant follow-up only

\_\_ Protocol discontinued

Date and description of amendments made since the last review

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Summary of protocol participants – Give the number of participants in each of the following categories

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| --- | --- |
| **Description of participants** | **Number** |
| Accrual ceiling set by the Research Ethic Committee |  |
| New participants accrued since last review |  |
| Total participants accrued since protocol began |  |

Accrual exclusions

\_\_ None \_\_ Female \_\_ Male \_\_ | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Impaired participants

\_\_ None \_\_ Physically \_\_ Cognitive \_\_ Both

Ionizing radiation use – This includes X-rays, radioisotopes, etc.

\_\_ None \_\_ Medically indicated only

Describe changes in the participant population, recruitment or selection criteria since the last review date.

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Describe changes in the informed consent process or documentation since the last review date.

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In case of changes of medical advisor or investigator, indicate the names of the deleted and the added persons.

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Describe any information that appeared in the literature, or evolved from this or similar research that might affect the evaluation of MUST-REC of the risk/benefit analysis of human subjects involved in this protocol.

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Describe any unexpected complications or side effects been noted since last review.

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Give the estimated number of participants withdrawn from this study since the last approval, giving the most probable reasons.

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Describe any investigational new drug or device. Give the name, sponsor, and holder of the drug or device.

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Indicate names of all participating investigators that have been deleted or added since the last review date.

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Indicate names of all collaborative sites and institutions that have been deleted or added since the last review date. Provide a brief explanation for the deletion or addition of each.

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Explain whether any investigators developed equity or consultative relationship with a source related to this protocol which might be considered a conflict of interest.

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Signatures

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Protocol Chairperson, Sign and date Medical advisor, Sign and date

Approvals

|\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Chairperson, Signature and date Secretary, Signature and date