



INITIAL PROTOCOL SUBMISSION GUIDELINES

INSTRUCTIONS

Please do adhere strictly to the following instructions.

- Submit fourteen (16) **comb bound hard copies** of the research protocol and all supporting documents to the College of Health Sciences Ethical and Protocol Review Committee (EPRC) Office – **First Floor of the Research Office/GEMP Building, Room R4, Korle-Bu.**
- In addition, send a soft copy of ALL DOCUMENTS to eprc@chs.edu.gh to facilitate the review process.
- Protocols must be submitted three (3) weeks before the next EPRC meeting.
- Protocols should be in Times New Roman or Calibri (body) and have a Font of size 12 with line spacing of 2.0.
- A proposal coming from outside the College of Health Sciences, Korle-Bu attracts a processing fee. **Please see EPRC Charges attachment on the website.**

SECTION 1: INITIAL APPLICATION SUBMISSION CHECKLIST/ORDER

Please check the box with the appropriate response

	Yes	No	NA
1. Cover letter from head of department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Principal Investigator’s application letter for ethical approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Collaborative institution(s) letter of confirmation/approval (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prior ethical approval letter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Duly completed EPRC Form 1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PI Statement to Comply with Ethical Standards (see EPRC Template)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Full Research/Study Protocol (see Form 1B for details of outline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Data and/or Material Transfer Agreement (D/MTA) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bank slip evidence of application and registration fee payment (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional requirements for clinical trials			
10. Investigator(s) Agreement (indicating PI responsibility, signed, named and dated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Prior scientific review letter of approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Insurance cover for study participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food and Drugs Authority (FDA) approval letter for use of product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional requirements for Faculty/Researchers			
14. Curriculum Vitae/Bio-sketch of PI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Curriculum Vitae/Bio-sketch of all Co-PIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional requirements for students (postgraduates)			
16. Curriculum Vitae of Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Covering letter and CV/Bio-sketch of Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>