

GHANA HEALTH SERVICE ETHICAL REVIEW COMMITTEE

APPLICATION FORM FOR PROTOCOL SUBMISSION



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

PART 1: ADMINISTRATIVE INFORMATION OF PRINCIPAL INVESTIGATOR (S)

1.1 Title of study:

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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:
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PART 11: INFORMATION ON COLLABORATOR (S)
(please specify if more than one)

1.6(a) Name of first Collaborator:	Institutional Affiliation (s):
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	Full Address:
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	Telephone:	Mobile:
	Email:	

1.6(b) Name of second Collaborator:	Institutional Affiliation :
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	Full Address:

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	Telephone:
	Email:

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

PART III: 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) €	

