Form: UNCST/AC-01

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**UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY**

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**New application [ ] Renewal [ ]**

1. Name of the REC……………………………………………..............................
2. Name of Host Institution………………………………………………………...
3. Contact address of the REC

Physical address……………………………………………………………....

Postal address………………………………………………………….………

Telephone……………………………………………………………………..

Fax…………………………………………………………………………….

E-mail: ………………………………………………......................................

1. Individual at the Host Institution responsible for the REC

Name………………………………………………………………………

Designation/role …………………………………………………………..

Contact information………………………………………………………..

Telephone number………………………………………………………….

Email address……………………………………………………………….

1. Jurisdiction of REC review (include institutional components covered by the REC) …………………………………………………………………………………
2. REC Membership Roaster
3. Attach a list of current members including their name, qualifications, institution of affiliation, designation with respect to the REC, gender and contact information (telephone number & email address)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name  | Qualifications | Institution of affiliation  | Designation on the REC | Gender | Email address & Telephone number |
|  |  |  |  |  |  |  |

b) If applying for renewal, please, describe any changes in REC membership which occurred during the period of accreditation (last 3years)

7. How often does your REC meet? (Please, tick)

1) Weekly [ ] 2) Monthly [ ] 3) Bi-monthly [ ] 4) Quarterly [ ]

Others (specify)…………………………..

8. If applying for initial accreditation please provide a list of research protocols conducted by the host institution in the last three (3) years. (attach a list of protocols with titles, name of Principal Investigator, PI’s institution of affiliation, sponsor, REC that approved the study, date of approval, duration of the study, closed or active and whether it is student research or not)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of the study | Name of the PI | PI’s Institution of affiliation | Sponsor | REC that approved the study | Date of approval | Duration of the study  | Closed or active  | Academic or Non Academic |
|  |  |  |  |  |  |  |  |  |

9. If applying for renewal, please indicate:

1. Date of first accreditation by UNCST…………………………………………….
2. Validity of on-going UNCST Accreditation………………………………………
3. Date of renewal and expiry of current accreditation ………………………………

10. Is the REC registered with Office of Human Research Protection (OHRP) in the USA?

Yes [ ] No [ ]

If yes, please state the REC/IRB number and expiry date….............................

11. If applying for renewal, please indicate the number research protocols reviewed by the REC in the period of accreditation (last 3 years);

i) At initial review [ ]

ii) At continuing review [ ]

 (For i & ii, please attach the list of protocols with titles, name of Principal Investigator, PI’s institution of affiliation, sponsor, date of approval, duration of the study and whether it is student research or not)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title of the study | Name of the PI | PI’s Institution of affiliation | Sponsor | Date of approval | Duration of the study  | Academic or Non Academic |
|  |  |  |  |  |  |  |

1. Indicate the number of research protocols approved at; (for the last 3 years);

i) Full REC meeting/Regular REC meeting [ ]

ii) Expedited review [ ]

iii) Fast track Review [ ]

 (For expedited reviews, please attach the list of protocols with titles, name of Principal Investigator, PI’s institution of affiliation, date of approval, duration of the study, nature of review and whether it is student research or not)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title of the study | Name of the PI | PI’s Institution of affiliation | Date of approval | Duration of the study  | Nature of review(Initial, amendment, annual renewal etc…)  | Academic or Non Academic |
|  |  |  |  |  |  |  |

1. Indicate the number of protocols that have been issued administrative clearance by the REC for the last three (3) years); [ ]

(Please attach the list of protocols with titles, name of Principal Investigator, PI’s institution of affiliation, local REC of record (REC that issued initial approval), date of approval and whether it is student research or not)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of the study | Name of the PI | PI’s Institution of affiliation | Local REC of record  | Date of approval | Academic or Non Academic |
|  |  |  |  |  |  |

1. Protocols rejected for the last three (3) years

(Please, attach a list of protocols rejected with their titles and name of Principal Investigator, PI’s Institution of affiliation and reasons why the protocols were rejected)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of the PI | PI’s Institution of affiliation | Title of protocol rejected | Reasons for rejection  |
|  |  |  |  |  |

1. How many research protocols are currently on going or still active? [……]

12 If applying for renewal, please indicate the number of monitoring visits conducted by the REC within the 3years of accreditation. (Attach copies of monitoring reports using the UNCST monitoring template)

i) List the sites monitored

ii) Research Projects/Studies monitored

13 Does the Host Institution offer any support to the REC?

Yes [ ] No [ ]

If yes, please specify the nature of support the institution provides to the REC

………………………………………………………………………………………......

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………………………………………………………………………………………

14 Does your REC charge any fees for review of protocols?

Yes [ ] No [ ]

1. Please indicate whether the REC is using the approved UNCST standard fees structure.

Yes [ ] No [ ]

If No, please give reasons why the REC is not using the standard fees structure and specify the fees charged by the REC.

…………………………………………………………………

15 List other funding sources for the REC………………………………

16 Does your REC provide protocol review facilitation/sitting allowance to the REC members?

 Yes […...] No [ ]

1. If yes, please specify the amount.

17 Please briefly describe the training activities that the REC has engaged in including training of REC members during period of accreditation. (Attach evidence of training)

18 Please, indicate the staffing level including names of REC staff and contact information (Email address and telephone number) ***Please note that REC members should not be listed as REC staff.***

19 Does your REC have REC administrator (s) fully dedicated to REC activities?

Yes […..] No […..]

b) Please describe the kind of remuneration that is offered to the REC administrator(s), specify the amount.

**In addition to the above please submit the following documents:**

1. Copies of REC Policies and Standard Operating Procedures(SOPs).
2. REC Self-assessment report (The report should be no more than five (5) pages).
3. CVs, appointment letters and acceptance letters for the REC members (This is for those applying for initial application).

Filled by…………………………………… Date………………………

Signature…………………………