Kenyatta University
ETHICS REVIEW COMMITTEE

POLICY AND OPERATIONAL GUIDELINES
FOR
BIOMEDICAL, ENVIRONMENTAL,
SOCIAL AND BEHAVIOURAL RESEARCH

February 2020 - 2025
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ACKNOWLEDGEMENTS

The following members constituted the Kenyatta University Committee that developed this policy and operational guidelines:

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Mr. - Daniel Njoga -Layman

Mr. - Peter M. Kakai -Administrator-Kenyatta University Ethics review Committee

M/s. - Elizabeth Karanja - Legal Officer--Secretary
1.0 FUNDAMENTAL STATEMENTS

1.1 The Vision Statement

The vision of Kenyatta University is to be a dynamic, an all-inclusive, globally competitive center of excellence in the provision of quality education, training and research for sustainable development.

1.2 Mission Statement

The mission of Kenyatta University is to provide quality education and training through knowledge generation, research, innovation, creativity and community service.

1.3 Identity Statement

Kenyatta University is a community of scholars committed to the generation and dissemination of knowledge and cultivation of wisdom for the welfare of society.

1.4 Philosophy Statement

Kenyatta University’s philosophy is sensitivity and responsiveness to societal needs and the right of every person to knowledge.

1.5 KUERC Philosophy Statement

Kenyatta University Ethics Review Committee’s Philosophy is to provide independent, competent, and timely review of the ethics of proposed studies. In its procedures and decision-making, KUERC will be independent from political, institutional, professional, and market influences.
Research involving with human subjects is guided by International rules and regulations; the most important being the World Medical Association Declaration of Helsinki. This declaration quotes several other documents pertaining with ethical handling of human subjects. The World Health Organization (WHO) recommends the formation of Ethical Review Committees (ERCs) at the regional, national and institutional levels and has provided operational guidelines for ERCs.

It is in this context that Kenyatta University came up with these guidelines to provide guideline to the Kenyatta University Ethical Review Committee (hereinafter KU-ERC) for reviewing and clearing biomedical research proposals. For the purpose of these guidelines, biomedical research includes research on clinical aspects, pharmaceuticals, medical devices, medical radiation and imaging, surgical procedures, medical records, biological samples, as well as epidemiological, environmental, social, psychological and behavioral investigations.

These guidelines are in conformity with international and national guidelines which require the ethical and scientific review of research proposals, alongside informed consent and the appropriate protection of those unable to consent, as essential measures to protect the individual person and the communities that participate in research. Compliance with these guidelines ensures that the dignity, rights, safety and wellbeing of research participants are promoted and that the results of investigations are credible.
Research has produced substantial benefits. It has also generated challenging ethical issues pertaining to how the research enterprise is conducted as well as use of results. Reported and widespread abuses of human subjects during the Second World War triggered public outcry. As a result of the Nuremberg war crime trials, a code (the Nuremberg code 1947) was written as a set of standards for judging physicians and scientists who had conducted covert biomedical experiments on prisoners in concentration camps. This Code became the prototype of many later codes intended to ensure that research involving human subjects would be carried out in an ethical manner. Later, the World Medical Association developed the Declaration of Helsinki document in 1964. The document has undergone multiple revisions including Tokyo (1975), Venice (1983), Hong Kong (1989), Somerset West (1996), Edinburgh (2000) and Washington (2002). In addition, the Belmont Report of 1979 provides basic ethical principles and guidelines to be used in resolving ethical problems that surround the conduct of research with human subjects particularly the four vulnerable groups. In 1982, the World Health Organization (WHO) and the Council for International Organizations of Medical Sciences (CIOMS) published “Proposed International Guidelines for Biomedical Research Involving Human Subjects”. The purpose of this document was to give guidance on how the Helsinki Declaration ethical principles could effectively be applied in developing countries, taking into consideration the culture, socio-economic conditions, national laws and executive administrative arrangements.
In Kenya, the legal framework for science and technology came into existence in 1979 under the Science and Technology Act. The Act established the then National Council of Science and Technology (NCST). Later renamed the National Commission of Science, Technology and Innovation (NACOSTI), empowering it to coordinate all research in Kenya and advise the government on all matters related to research. The function of NACOSTI entails the documentation of all research in the country and all the institutions in which research is being conducted. For research of any nature to be conducted on humans in Kenya, ethical clearance is mandatory and this is done by ERCs in the respective institution.

The Ethical Review Committee in Kenyatta University is anchored in the Kenyatta University Research Policy and mandated to review ethics of proposals and projects in accordance with the University Research Policy. The guidelines herein are intended to facilitate the review and clearing of researches involving human subjects both locally and internationally.

Approved by: .................................................. Date ............................................

PROF. PAUL K. WAINAINA
VICE CHANCELLOR
KENYATTA UNIVERSITY.
4.0 RATIONALE

Kenyatta University has in the past undertaken research in diverse fields including those involving human subjects. Ethical clearance has previously been sought and obtained from collaborating partners and existing clearing institutions recognized by the NACOSTI. Kenyatta University has also established several medical programs which have generated more research on human subjects hence the need for ethical guidelines.

5.0 OBJECTIVES

The objectives of these guidelines are to;

• Contribute to quality and consistency in the Ethical Review of Research conducted at and/or overseen by Kenyatta University.

• Complement existing policies and regulations governing research at Kenyatta University and other networking partners.

• Provide a basis for evaluation of the Standard Operating Procedures (SOPs) for Biomedical, Environmental, Social and Behavioral Research.

• To be used by structural units of Kenyatta University in developing, monitoring, evaluating and progressively refining SOPs.

6.0 THE ROLE OF KU-ERC

The role of KU-ERC is to:

• Review and clear proposed research before its commencement.

• Provide independent, competent, and timely review of the ethics of proposed studies. In its procedures and decision-making, KU-ERC will be independent from political, institutional, professional, and market influences.
• Review prospective and continuing research protocols so as to safeguard the dignity, rights, safety, and well-being of all actual or potential participants in biomedical, environmental, social and behavioral research. This is in cognizance of the fact that the goals of research should never be permitted to override the health, well-being, and care of research participants.

• Take into consideration the principle of justice. This requires that the benefits and burdens of research be distributed fairly among all groups and classes in society, taking into account age, gender, economic status, cultural, political, religious, ideological, race and ethnic considerations.

• Review the adequacy of the informed consent document, particularly as to its description of the care and protection of subjects, confidentiality, risks and benefits to individuals and communities.

• Ensure that there is regular evaluation of the ethics of ongoing studies that received a positive decision.

• Evaluate reports for unanticipated problems, possible non-compliance, and other information and incidents that might affect approval of protocol or the subjects' willingness to continue to participate.

• Act in the interest of potential research participants and concerned communities, taking into account the interests and needs of the researchers, and having due regard for the requirements of relevant regulatory agencies and applicable laws.

• Conducting reviews concerning possible non-compliance.

• Promoting awareness and understanding of ethical issues in research throughout the University’s research community (i.e. ethical issues that are relevant to research that involves human participants and also ethical issues that are relevant to other types of research);

• Providing advice on any ethical matters relating to research that are referred to it from within and outside the University

• Keeping abreast of new externally-driven developments, policies and regulations concerning research ethics and, where appropriate, ensuring that the University meets all necessary requirements
7.0 CONSTITUTION OF THE KU-ERC

The constitution of the KU-ERC will adhere to the national and internationally set requirements so as:

- To ensure that it is established in accordance with the policies of Kenyatta University and adherence to the values and principles of the communities they serve.

- To be multi-disciplinary and multi-sectorial in composition, including relevant scientific expertise, balanced age and gender distribution and laypersons representing the interests and the concerns of the community.

- To ensure that it establishes publicly available standard operating procedures that state the authority under which the committee is established, the functions and duties of the ethics committee, membership requirements, the terms of appointment, the offices, the structure of the secretariat, internal procedures and the quorum requirements.

7.1 Membership requirements

The appointment of KU-ERC membership will be direct appointment by the Vice Chancellor of Kenyatta University. The KU-ERC shall be 9 (Nine) to 15 (Fifteen) members of whom at least 40% shall be drawn from human health professions, taking into account the diversity of the disciplines. The committee shall also include at least 40% of each gender.

Eligibility of membership shall be as follows:

- A social and behavioral scientist (cultural anthropologist and medical sociologist), physician, epidemiologists, nurses, basic scientists, paramedical, social and behavioral scientists, a lawyer, a statistician, a lay person, a religious representative, a community representative, a media person, Engineers, Psychology, Occupational Therapy, Physiotherapy, Dietetics and Pharmacy. ‘This list is clearly indicative and not exhaustive’

- A rotation system will be adopted for membership in order to maintain continuity, development and maintenance of expertise within the KU-ERC, and the regular input of fresh ideas and approaches.
7.2 Terms of appointment

The terms of appointment governing the KU-ERC shall be as follows:

1. Duration of appointment: the duration of an appointment will be for a term of two (2) years but renewable.

2. Renewal of appointment: the appointment may be renewed at the end of every term for a maximum of two terms. To ensure continuity, two thirds of the members shall be reappointed each time.

3. Disqualification procedure: a member will be liable for disqualification on the following grounds:
   
   i. Engaging in gross professional misconduct.
   
   ii. Breaching the confidentiality agreement.
   
   iii. Failure to attend more than three consecutive meetings without apology or acceptable explanation.

4. Resignation: a member can resign by tendering one month’s notice to the appointing authority (copied to the chairman of KU-ERC).

5. Replacement: replacement of a committee member shall be done upon resignation, retirement, disqualification or death of a member, taking into account expertise of the member being replaced.

6. Remuneration: KU-ERC members shall be compensated for time taken on proposal review. The allowance will be determined from time to time by the appointing authority based on the statutes of the university.

7.3 Conditions of appointment:

Conditions of appointment include the following:

- A member should be willing to publicize his/her full name profession and affiliation.

- All reimbursement for work and expense, if any, within or related to KU-ERC should be recorded and made available to Kenyatta university upon request.
• A member should sign a confidentiality agreement regarding meeting deliberations, applications, information on research participants and other related matters.

• All KU-ERC Administrative staff will sign a similar confidentiality agreement.

• All KU-ERC members shall undergo introductory training in the work of ERCs as well as undergoing opportunities to enhancing their capacity for ethical reviews.

7.4 **The KU-ERC Secretariat:**

KU-ERC secretariat will consist of the following officers for the effective and efficient running of the committee:

1. Chairperson – to be appointed directly by the appointing authority. The chairperson shall be a senior member of staff with experience in any area of biomedical and basic sciences research and whose duties shall include inter alia:

   1. Presiding over meetings
   2. Communicating decisions of the ERC
   3. Ensuring prompt and timely review of proposals.
   4. Overseeing the operations of the ERC and the secretariat
   5. Coordinating capacity building workshops for ERC members and researchers
   6. Preparing annual and work plan and budget for the ERC operations
   7. Writing of annual reports
   8. Coordinating the renewal of accreditation of the ERC
   9. Linking the ERC with the national and international ERC regulatory bodies

2. Secretary- to be appointed by the appointing authority and whose duties will include inter alia:

   1. Preparing the agenda and convening meetings
   2. Taking and circulating minutes
3. Ensuring proper record keeping.
4. Following up with ongoing research and approval renewals
5. Supporting the ERC and secretariat operations

3. Support staff- will be provided by KU to support the operations of the committee. These will include an office administrator, office clerk, a secretary and an office messenger, who’s TORs will be determined by the chairperson in liaison with the appointing authority.

4. Any other sub committees –as may be constituted by KU-ERC from time to time as need arises.

7.5 Quorum requirements

The quorum requirements for reviewing and deciding on an application shall be as follows:

1. The minimum number of members required to compose a quorum shall be one more than half.

2. The professional qualifications should reflect the diversity of membership and should comprise 40% healthcare related professionals and at least a member from other disciplines.

3. No quorum should consist entirely of members of one professional one gender; a quorum should include at least one member whose primary area of expertise is in a non-scientific area, and at least one member who is independent of the institution or research.

7.6 Independent consultants

KU-ERC shall call upon, or establish, a standing list of independent consultants who may provide special expertise to the KU-ERC on proposed research protocols. These consultants may be specialists in ethical or legal aspects, specific diseases or methodologies, or they may be representatives of communities, patients or special interest groups. Terms of reference for independent consultants shall be established by the KU-ERC from time to time or on appointment.
7.7 Capacity building for the KU-ERC.

KU-ERC shall undergo initial and continued education regarding the ethics and science of biomedical and basic sciences, environmental, social and behavioral research. This education may be linked to co-operation arrangements with other ERCs in the country, the region, and at international level as well as other opportunities for the initial and continued training of KU-ERC members.

8.0 SUBMITTING AN APPLICATION

8.1 Application

The KU-ERC secretariat will receive Biomedical, Environmental, Social and Behavioral research proposals for ethical review from applicants in the manner and format prescribed in Appendix B.

An application for review of the ethics of proposed research should be submitted by an applicant responsible for the ethical and scientific conduct of the research.

8.2 Application requirements

The requirements for the submission of a research project for ethical review will be clearly described in an application procedure as set out in Appendix C.

These requirements will include the following:

1. The name(s) and address(es) of the ERC secretariat to whom the application material is to be submitted.

2. The documentation (see Appendix C)

3. The language in which documents are to be submitted will be English or Kiswahili. [Documents submitted in any other language should be translated into English or Kiswahili by a competent and accredited interpreter at the expense of the applicant].

4. The deadline for submission of the application is 2 weeks prior to the next scheduled meeting.
5. Applications will be acknowledged and researchers shall be informed of the review date via shortest mode possible.

6. The acknowledgement of the application shall be communicated to the researchers within a week after receipt of the application.

7. In cases where the ERC requests supplementary information or changes to documents from the applicant, such information should be provided to ERC at least a week prior to the next meeting.

8. In cases where clarification is sought and researchers fail to respond within 3 months, ERC will send a reminder and allow a further 3 months period for response. Beyond these 6 months, the application file will be closed.

9. Researcher may be asked to present their case in an ERC meeting if required, including follow-up and end-report.

10. There shall be a fee for the review of every proposal which shall be determined from time to time by KU-ERC.

11. The researcher shall be required to re-submit the application for review if there is any amendments (modification) to the original protocol, the recruitment procedure, the potential research participant information, or the informed consent form.

8.3 The Review

All properly submitted applications will be reviewed in accordance with the procedure established by KU-ERC as follows;

8.3.1 Meeting requirements

Meetings shall be held by KU-ERC on the following terms:

- Meetings will be held every second Tuesday of the Month.

- In the event that it is not possible to hold the meeting on the scheduled Tuesday (e.g. due to a public holiday), the committee shall meet on the following Wednesday.

- Meetings will also be held at such other times as the Committee may determine such as when they need to handle expedited reviews.
• Documents to be discussed during the meeting will be circulated to the reviewers at least a week before every scheduled meeting

• Minutes will be taken in all scheduled meetings and the same approved by the ERC members.

• The applicant, sponsor, and/or investigator may be invited to present the proposal or elaborate on specific issues.

• Independent consultants may be invited to the meeting or to provide written comments, subject to applicable confidentiality agreements.

8.3.2 Elements of the review

The primary task of the KU-ERC is to review research proposals and their supporting documents, with special attention given to the informed consent process, documentation, and the sustainability and feasibility of the protocol. KU-ERC will take into account prior scientific reviews, if any, and the requirements of applicable guidelines as outlined in Appendix D.

The following should be considered, as applicable:

• Scientific design and conduct of the study

• Recruitment of research participants

• Care and protection of research participants

• Protection of research participant’s confidentiality

• Informed consent process

• Community considerations where applicable

8.3.3 Approval conditions

a) Approval shall be given for a specified period. If the project takes longer than the specified period to complete, a request for an extension of the ethics clearance shall be sought.

b) Approval shall be given on condition that any alterations proposed to the approved protocol are submitted to the Committee for approval prior to the alterations being effected.
c) Approval shall be given on condition that a copy of the research project final report will be submitted to the KU-ERC for reference.

d) Approval shall be given subject to researchers notifying the Ethics Committee if and when a project is curtailed, terminated or completed.

e) Approval shall be given for therapeutic trials subject to the Principal Investigator notifying the KU-ERC within seven (7) days of any adverse event or occurrence that takes place during that trial.

f) Research may be audited by KU-ERC during the research period to ensure compliance with these guidelines.

8.3.4 Decision making

In making decisions on applications for the ethical review of Biomedical, Environmental, Social and Behavioral research, KU-ERC will take the following conditions into consideration:

a. A member shall withdraw from the meeting for the decision procedure concerning an application when there is conflict of interest; the conflict of interest should be indicated to the chairperson prior to the review of the application and recorded in the minutes.

b. A decision shall only be taken when sufficient time has been allowed for review and discussion of an application in the absence of non-members (e.g. the investigator, representatives of the sponsor, independent consultants) from the meeting, with the exception of KU-ERC staff.

c. Decisions will only be made at the meetings where a quorum (as stipulated in KU-ERC’s written operating procedures) is present.

d. The documents required for a full review of the application should be complete and the relevant elements mentioned above (see 8.1.1.) will be considered before a decision is made.

e. Only members who participate in the review will participate in the decision.

f. Decision shall be arrived at by consensus, failure to which a vote shall be taken in which case the majority vote will carry the day.

g. Advice that is non-binding may be appended to the decision.

h. In cases of conditional decisions, clear suggestions for revision and the procedure for having
the application re-reviewed will be specified.

i. All decisions on an application will be supported by clearly stated reasons.

j. A decision made by a fully constituted KU-ERC shall be binding to the applicant who could appeal against a decision providing new grounds in support of the original application (in form and context)

k. An application that remains non-compliant with the KU-ERC decision shall be disallowed.

8.3.5 Verdict Options

   i. Approved

   Where there are no amendments required

   ii. Approved with advice

   When there are minor amendments recommended

   iii. Conditional approval

   When there are major amendments (refer to 3.6.2) required

   iv. Re-submission

   When the application does not meet more than 80% of the review elements (refer to 8.1.1.)

   v. Disallow

   When a proposal is ethically unacceptable

8.3.6 Communicating decision

A decision will be communicated in writing to the applicant according to KU-ERC procedures within two weeks of the meeting at which the decision was made. The communication of the decision will include, but not limited to the following:

   a. The title of the research proposal reviewed.

   b. The clear identification of the protocol of the proposed research or amendments dates and
version number (if applicable) on which the decision is made.

c. The names and (where applicable) specific identification numbers (version numbers/dates) of the documents reviewed including the potential research participants information sheet/material and informed consent form.

d. The name and the title of the applicant

e. The name of the site(s).

f. The place and the date of the decision

g. A clear statement of the decision reached

h. Any advice by the KU-ERC

i. In the case of conditional decision, any requirements by the ERC, including suggestions for revision and the procedure for having the application re-reviewed.

j. In the case of a positive decision, a statement of the responsibilities of the applicant for example:

• Confirmation of the acceptance of any requirements imposed by the KU-ERC.

• For Clinical trials involving Pharmaceutical products and devices Pharmacy, approval will be sort from pharmacy and poisons Board.

• submission of progress report(s)

• the need to notify the KU-ERC in cases of protocol amendments (other than amendments involving only logistical or administrative aspects of the study)

• The need to notify the KU-ERC in case of amendments to the recruitment procedure, the potential research participant information, or the informed consent form.

• The need to report serious and unexpected adverse events related to the conduct of the study.

• The need to report unforeseen circumstances, the termination of the study, or significant decisions by other ERCs.

• Information the KU-ERC expects to receive in order to perform ongoing review.
9.0 MONITORING AND EVALUATION

All proposals that receive a positive decision shall be monitored and evaluated periodically throughout the project life cycle. The follow-up procedure should take the following into consideration:

a) The M & E review will be carried out by a sub-committee constituted by the KU-ERC for the specific project. The quorum requirement, the review procedure, and the communication procedure for follow up reviews will be determined by the respective sub-committee.

b) The follow-up review intervals will be determined by the nature and the events of research projects but in the following instances or events, a follow-up review is mandatory:

   • Any protocol amendment likely to affect the rights, safety, and/or well-being of the research participants or the conduct of the study
   
   • Serious and unexpected adverse events related to the conduct of the study or study product, and the response taken by investigators, sponsors and regulatory agencies
   
   • Any event or new information that may affect the benefit/risk ratio of the study

c) A decision of a follow-up review shall be issued and communicated to the applicant, indicating modification, suspension, or termination of the KU-ERCs original decision or confirmation that the decision is still valid

d) In the case of premature suspension/termination of a study, the applicant should notify the KU-ERC of the reasons for suspension/termination
e) A summary of results obtained in a study prematurely suspended/terminated should be communicated to the KU-ERC by the researcher

f) KU-ERC will receive notification from the applicant at the time of the completion of a study

g) KU-ERC shall receive a copy of the final summary or final report of a study

10.0 DOCUMENTATION AND ARCHIVING

All documentation and communication of the KU-ERC shall be dated, filed, and archived according to Kenyatta University Quality Management System (QMS) written procedures. Documents to be filed and archived include but not limited to:

a) The KU-ERC guidelines

b) Written standard operating procedures of the KU-ERC

c) Regular annual reports

d) The curriculum vitae of all KU-ERC members

e) A record of all income and expenses of the KU-ERC including allowances and reimbursements made to the secretariat and committee members

f) The published guidelines for submission established by KU-ERC

g) The agenda of KU-ERC meetings

h) The minutes of KU-ERC meetings

i) A copy of all materials submitted by an applicant

j) The correspondence by KU-ERC secretariat with applicants or concerned parties regarding application, decision and follow-up

k) A copy of the decision and any advice or requirements sent by an applicant
l) All written documentation received during follow-up

m) The notification of the completion, premature suspension or premature termination of a study

n) The final summary or final report of the student

11.0 GLOSSARY

The definitions provided within this glossary apply to terms as they are used in these Guidelines.

Advice

Non-binding considerations adjoined to a decision intended to provide ethical assistance to those involved in the research.

Affiliation

An institutional affiliation means you have a formal connection with a nonprofit, sponsoring university, or place of employment that has agreed to be the legal recipient of the grant and to administer the funding and official paperwork on behalf of the primary applicant.

Applicant

A qualified researcher undertaking the scientific and ethical responsibility for a research project, either on his /her own behalf or on behalf of an organization/firm, seeking a decision from an ethics committee though formal regulation.

Assent

A minor research participant’s affirmative agreement to participate in a research.

Community

A community is a group of people having a certain identity due to the sharing of common interests or to a shared proximity. A community may be identified as a group of people living in the same village, town, or country and, thus sharing geographical proximity. A community may be otherwise identified as a group of people sharing a common set of values, a common set of interests, or a common disease or condition.
**Confidentiality**

Actual treatment of the personal information, that an individual has disclosed in a relationship of trust, with the expectation that this information will not be divulged to others without permission.

**Conflict of interest**

A conflict of interests arises when a member (or members) of the ERC holds interests with respect to specific applications for review that may jeopardize his/her (their) ability to provide a free and independent evaluation of the research focused on the protection of the research participants. Conflicts of interests may arise when an ERC member has financial, material, institutional or social ties to the research.

**Consent**

An affirmative agreement by an adult research participant with legal capacity to participate in a research.

**Decision**

The response, (either positive, conditional or negative) by an ERC to an application following the review in which the position of the ERC on the ethical validity of the proposed study is stated.

**Expedited Review**

The research procedure presents no more than minimal harm to the research participants or communities

**Fabrication**

Making up data or results and recording or reporting them.

**Falsification**

Manipulating research materials, equipment or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
Investigator

A qualified scientist who undertakes scientific and ethical responsibility either on his/her own behalf or on behalf of an organization/ firm, for the ethical and scientific integrity of a research project at a specified site or group or sites. In some instances a coordinating or principal investigator may be appointed as the responsible leader of a team of co-investigators.

Minimal Risk

When the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Parental Consent

A parent’s/guardian’s affirmative agreement for a minor research subject to participate in a research.

Privacy

Having the control over the extent, timing of sharing oneself (physically, behaviorally or intellectually) or information about oneself with others.

Plagiarism

Appropriation of another person’s ideas, processes, results or words without giving appropriate credit.

Protocol

A document that provides the background, rationale, and objective(s) of a Biomedical, Social, Behavioral and Environmental research project and describes its designs, methodology and organization, including ethical and statistical considerations. Some of these considerations may be provided in other documents referred to in the protocol.

Protocol amendment

A written description of a change to, or a formal clarification of a protocol.
**Protocol Deviation**

Occurs when, without significant consequences, the activities on a study diverge from the Institutional Review Board-approved protocol, e.g., missing a visit window because the subject is traveling.

**Protocol Violation**

A divergence from the protocol that materially (a) reduces the quality or completeness of the data, (b) makes the Informed Consent Form inaccurate, or (c) impacts a subject's safety, rights, or welfare.

**Requirements**

In the context of decisions, requirements are binding elements that express ethical considerations whose implementation the ethics committee requires as obligatory in pursuing the research.

**Research participant**

An individual who participates in a Biomedical, Social, Behavioral or Environmental research project, either as the direct recipient of an intervention (e.g., study product or invasive procedure), as a control, or through observation. The individual may be a healthy person who volunteers to participate in the research, or a person with conditions unrelated to the research carried out who volunteers to participate, or a person (usually a patient) whose condition is relevant to the use of the study product or questions being investigated.

**Sponsor**

An individual, company, institution, or organization that takes responsibility for the initiation, management, and/or financing of a research project.

**Scientific Misconduct**

Improper and unprofessional behavior resulting from lack of integrity in executing a research misconduct.

**Vulnerability**

Constitutes a special worthiness of protection measured in terms of the additional risk of suffering of a particular group of participants.
12.0 REFERENCES

Aga Khan University Research Office Ethical Review Committee www.ku.edu/res-office

Ames Dhai; Practical Ethics and Regulatory Guide for Researchers and REC members


International Conference on Harmonization of Technical Requirements for the registration of Pharmaceuticals for Human use (ICH). *Note for Guidance on Good Clinical Practice* (CPMP/ICH/135/95) 1 May 1996.


World Medical Association Declaration of Helsinki, Ethical Principles for the medical research involving human subjects. Adopted by the 18th WMA General Assembly, (June 1964) Helsinki, Finland,


World Medical Association Declaration of Tokyo, Guidelines for physicians concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment. Adopted by the 29th World Medical Assembly, (October 1975). Tokyo, Japan,
### 13.0 APPENDICES

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<td>K</td>
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<td>Sample transfer /Collaborative Research</td>
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KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN  ETHICS REVIEW COMMITTEE

APPENDIX A: Proposal Format

1. Title
2. Investigators
3. TOC
4. Abstract
5. Background
6. Rationale of the study
7. Objectives
8. Significance of study
9. Review of Literature
10. Methodology
11. Ethical Considerations
12. References
13. Informed Consent
14. Data Collection Tools
15. Time Frame
16. Budget
17. Any authorizations (if available)
APPENDIX B: Application form

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMANETHICS REVIEW COMMITTEE

KU-ERC/FORM/ 1

Kenyatta University Ethics Review Committee
Application form
To be completed in triplicate by each applicant for submission to KUERC.

1. TITLE OF THE STUDY ………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………

2. Description of the Investigators
Name of Principal Investigator (PI).............................................................................................................................
Qualifications....................................................................................................................................................................
Institutions(s) of affiliation............................................................................................................................................
Postal Address....................................................................................................................................................................
Email Address....................................................................................................................................................................
Telephone number ..........................................................................................................................................................
Cell Phone number.........................................................................................................................................................

Name of 1st Co-investigator/Supervisor.................................
Qualifications........................................................................................................................
Institutions(s) of affiliation..........................................................
Postal Address....................................................................................................................................................................
Email Address....................................................................................................................................................................
Telephone number..........................................................................................................................................................
Cell Phone number.........................................................................................................................................................
Name of 2nd Co-investigator/Supervisor..........................................
Qualifications.............................................................................
Institutions(s) of affiliation..........................................................
Postal Address.............................................................................
Email Address.............................................................................
Telephone number....................................................................... 
Cell Phone number.....................................................................

Name of 3rd Co-investigator/Supervisor..........................................
Qualifications.............................................................................
Institutions(s) of affiliation..........................................................
Postal Address.............................................................................
Email Address.............................................................................
Telephone number....................................................................... 
Cell Phone number.....................................................................
(Add more investigators as need be)

3. Study Details:
a) Study/Project site: ............................................................... 
b) Study/project duration............................................................ 
c) Funding Source....................................................................... 

4. Contact Person:
Name and address of contact person (if not PI)
Institution(s) of affiliation..........................................................
Postal Address.............................................................................
Email Address.............................................................................
Telephone number....................................................................... 
Cell Phone number.....................................................................

Date...............Signature.........................................................

Nb. The application form together with supporting documents should be submitted to the Chairman, Kenyatta University Ethics Review Committee at Kenyatta University Main campus, Moi Library 1st Floor, Room 25 or be emailed to chairman.kuerc@ku.ac.ke but delivered by hard copy to KUERC offices.
Documents for Submission

All documentation required for a thorough and complete review of the ethics of proposed biomedical research should be submitted by the applicant.

These include:

1. Three hard copies of signed and dated KUERC application form (see annexure B) should be submitted. Application forms will be available online on www.ku.ac.ke/research.ku.ac.ke

2. Five hard copies and one soft copy of research protocol (clearly identified and dated), together with supporting documents and annexes. This should include description of the ethical considerations involved in the research.

3. Application along with research protocol may be submitted by hardcopy to the office secretary or by email to chairman.kuerc@ku.ac.ke. Applicants who apply by electronic means will bear the cost of printing.

4. Questionnaire (if applicable) intended for research participants should be included.

5. When the research involves a study product (such as a pharmaceutical or device under investigation), an adequate summary of all safety, pharmaceutical and toxicological data available on the study product to date (e.g., recent investigator’s brochure, published data, a summary of the product’s characteristics)

6. A description of the process to be used to obtain and document consent

7. A statement of agreement to comply with ethical principles set out in relevant guidelines.

8. A statement describing any compensation for study participation (including expenses and access to medical care) to be given to research participants

9. CIOMS guidelines: “Research subjects who suffer physical injury as a result of their participation are entitled to such financial or other assistance as would compensate them equitably for any temporary or permanent impairment or disability. In the case of death, their defendants are entitled to material compensation. The right to compensation may not be waived”

10. A description of the arrangements for insurance coverage for research participants, if applicable.
11. All significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ERC’s or regulatory authorities for the proposed study (whether in the same location or elsewhere) and an indication of modification(s) to the protocol made on the account. The reasons for previous negative decisions should be provided.

12. Any other relevant material.
APPENDIX C-CHECKLIST (Requirements and process for application/submission for review)

- Duly signed and dated application forms;

- A dated protocol of the proposed research together with supporting documents and annexes;

- A synopsis of the protocol:

- A detailed description of the ethical considerations involved in the research;

- Research tools such as case report forms, diary cards, and other questionnaires intended for research participants; When the research involves a study product (such as a pharmaceutical or device under investigation), an adequate summary of all safety, pharmaceutical, and toxicological data available on the study product, together with a summary of clinical experience with the study product to date (e.g., recent investigator’s brochure, published data, a summary of the product’s characteristics)

- All investigator’s updated curriculum vitae

- Written and other forms of information for potential research participants (clearly identified and dated) in the language(s) understood by the potential research participants and, when required in other languages;

- Informed consent form (clearly identified and dated) in the language(s) understood by the potential research participants and, when required, in other languages;

- A statement describing any compensation for study participation (including expenses and access to medical care) to be given to research participants;

- A description of the arrangements for indemnity, if applicable

- A description of the arrangements for insurance coverage for research participants; if applicable;

- A statement of agreement to comply with ethical principles set out in relevant guidelines;

- All significant previous decisions (e.g., those leading to negative decision or modified protocol) by other EC’s or regulatory authorities for the proposed study (whether in the same location or elsewhere) and an indication of modification(s) to the protocol made on
that account. The reason for previous negative decisions should be provided.

**REQUIREMENTS FOR REVIEW OF PROTOCOLS BY KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE**

Requirements - Students

1. Download application forms for Ethics Operational Guidelines for Biomedical Research from the Kenyatta University Website (DVC RIO) under Resources - Fill three (3) copies.
2. Three (3) copies of Approval of Research Proposal from Graduate School.
3. Three (3) copies of Research Authorization to the National Commission for Science, Technology and Innovation from Graduate School.
4. Five (5) copies of your proposal duly stamped from Graduate school.
5. Attach your Curriculum Vitae at the back of each of the proposals.
6. If the supervisors are not from Kenyatta University, attach their Curriculum Vitae at the back of each of the proposal.
7. Ensure that your proposal has a work plan, budget and informed consent for participants.
8. Refer to the ethical review regulations and guidelines provided on the website for guidance on criteria for presentation of the proposal.
9. Must attach Turn it in Report of the proposal from the department.

Requirements for projects

1. Download application forms for Ethics Operational Guidelines for Biomedical Research from the Kenyatta University Website (DVC RIO) under Resources - Fill three (3) copies.
2. Three (3) copies of Research Authorization to the National Commission for Science, Technology and Innovation.
3. Five (5) copies of your proposal duly stamped from Graduate school.
4. Attach the Curriculum Vitae of the PI and CO-PI at the back of each of the proposals.
5. Ensure that your proposal has a work plan, budget and informed consent for participants

6. Refer to the ethical review regulations and guidelines provided on the website for guidance on criteria for presentation of the proposal

**PAYMENTS**

1. **PROPOSALS**

<table>
<thead>
<tr>
<th></th>
<th>KU students</th>
<th>Non KU students</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>$ 60</td>
<td>Ksh. 5,000.00</td>
</tr>
<tr>
<td>Master</td>
<td>$ 20</td>
<td>Ksh. 2,000.00</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>$ 10</td>
<td>Ksh. 1,000.00</td>
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</tbody>
</table>

2. **PROJECTS**

<table>
<thead>
<tr>
<th></th>
<th>KU Staff</th>
<th>Non- KU Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-funded</td>
<td>$ 60</td>
<td>Ksh. 5,000.00</td>
</tr>
<tr>
<td>Funded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Up to 5 million</td>
<td>$ 250</td>
<td>Ksh. 20,000.00</td>
</tr>
<tr>
<td>• Beyond 5 million</td>
<td>$ 450</td>
<td>Ksh. 40,000.00</td>
</tr>
</tbody>
</table>

Pay the amount listed above to;  
**KU National Bank**  
A/C Name: K.U.PYT  
A/C No: 01003059002400

And take the receipt to Finance Department to be given an official KU receipt
APPENDIX D: REVIEWERS’ GUIDELINES

This is a guide for reviewers to handle both scientific and ethical components of the proposal.

Background information

1. Is the rationale for the study clearly stated in the context of present knowledge? Yes 0 No 0
2. Is a review of literature with references included? Yes 0 No 0
3. Is the study setting described? Yes 0 No 0

Comments: …

Goals and objectives

4. Are the objectives and/or hypothesis to be tested clearly stated? Yes 0 No 0

Comments: …

Study Design

5. Does the protocol provide a clear description of the study design (e.g. whether it is basic science research, social science research, or epidemiological - observational or intervention - research) and the study participants, outcomes and intervention and control groups (if relevant)? Yes 0 No 0

Comments: …

Methodology

6. Is an estimate of sample size provided, along with the assumptions on which it is based? Yes 0 No 0

Is this adequate? Yes 0 No 0

7. Are the inclusion and exclusion criteria clearly stated? Yes 0 No 0

8. Are the procedures for participant recruitment, admission, follow up and completion fully described and appropriate? Yes 0 No 0

9. Is protection of participants fully described and is it adequate? Yes 0 No 0

10. Are the drugs and/or devices to be used fully described? Yes 0 No 0 N/A 0

11. Are the clinical procedures to be carried out, fully described and appropriate? Yes 0 No 0 N/A 0

12. Are the laboratory tests and other diagnostic procedures fully described and appropriate?
13. Does the protocol include information on procedures that are experimental and part of the research, as opposed to those that are part of routine care? Yes 0 No 0 N/A 0

14. Does the protocol describe how the specimens and/or data will be coded/anonymised? Yes 0 No 0

15. If the study is an intervention study, including placebo controlled trials, is justification for the control group provided? Yes 0 No 0 N/A 0

Is the justification satisfactory? Yes 0 No 0 N/A 0

16. If the study is an intervention study, are the types and methods for subject allocation to intervention and control group clearly explained and appropriate? Yes 0 No 0 N/A 0

Comments: …

**17. Population of study:**

Children Yes 0 No 0 N/A 0

Pregnant Women Yes 0 No 0 N/A 0

Prisoners Yes 0 No 0 N/A 0

People with special needs Yes 0 No 0 N/A 0

18. Participant safety/protection

a) Have any risks to participating in the research been identified and does the protocol state how these will be minimized? Yes 0 No 0

b) If the study is an intervention study, is a plan for adverse event reporting included in the protocol? Yes 0 No 0 N/A 0

19. Does the protocol include a discussion of ethical issues? Yes 0 No 0 N/A 0

20. Is there a consent /assent form? Yes 0 No 0 N/A 0

b) Is it adequate? Yes 0 No 0 N/A 0

Comments: …

**Data Management and Statistical Analysis**

21. Does the protocol include a discussion on the quality assurance mechanisms for data collection, storage and analysis? Yes 0 No 0
22. Is the plan for statistical analysis provided? Is the study appropriately powered to answer the research question? Yes 0 No 0

Comments: …

**Expected outcomes and dissemination of results/Community Consideration**

23. Does the protocol indicate how the study will contribute to advancement of knowledge and how the results will be utilized? Yes 0 No 0

24. Does the protocol describe any community considerations? Yes 0 No 0

25. Does the protocol discuss how the research contributes to identifying and/or reducing inequities between women and men in health and health care or does not perpetuate gender imbalances? Yes 0 No 0

Comments: …

**Project Management/Study Instruments**

26. Does the protocol state the expected duration of the project (Time frame)? Yes 0 No 0

27. Where questionnaires, diary cards and other materials are used, are these relevant to answer the research questions? Yes 0 No 0 N/A 0

28. Are they provided in the participant language /English? Yes 0 No 0

Comments: …

**Overall Comments**

a) Approved:.................................................................

b) Approval with advice....................................................... 

c) Conditional approval......................................................

d) Resubmission............................................................... 

e) Rejected...........................................................................

Protocol Title and Version/Date: ________________________________

Reviewer Name and Title: ________________________________________

Reviewer Signature: ___________________________ Date: _______________
APPENDIX E. INFORMED CONSENT FORM

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

Informed Consent (Sample)

My name is……………………….(name of organisation/I am a Ph.D/Master/Bachelor student from Kenyatta University). I am conducting a study titled "……………………………….." The information will be used (indicate the purpose of the study and significance).

Procedures to be followed

Participation in this study will require that I ask you some questions and I also examine you in order to screen you for ……………………………. Some specimen (indicate type of specimen, amount and from where) will be taken from you for further tests. I will record the information you provide in a questionnaire.

Voluntarism

You have the right to refuse participation in this study. You will get the same services and care whether you agree to join the study or not and your decision will not change the care you will receive. Please remember the participation in this study is voluntarily. You may ask questions related to the study at any time.

You may refuse to respond to any questions and you may stop an interview at any time. You may also stop being in the study at any time without any consequences to the services you receive here or any other organization now or in the future.

Discomforts and Risks

Some of the questions you will be asked are on intimate subject and may be embarrassing or make you uncomfortable. If this happens, you may refuse to answer these questions if you so choose. You may also stop the interview at any time. The interview may add approximately half an hour to the time you wait before you receive your routine services. During the removal of blood there will be some pain or discomfort but we will try our best to minimize this by being gentle.

Benefits

If you participate in this study you will help us to learn how to provide effective screening services that can improve ……………………….. You will also benefit from being screened for ……………………….. and if you are found to have a problem you will be advised on the treatment.
**Reward**

If you agree to participate in this study, lunch will be provided and transport expenses will be reimbursed at 200/- per visit.

Or there are no rewards or any payment to you if you participate.

**Confidentiality**

The interviews and examinations will be conducted in a private setting within the clinic. Your name will not be recorded on the questionnaire. The questionnaires will be kept in a locked cabinet for safe keeping at Kenyatta University. Everything will be kept private and only shared with the study team.

**Contact Information**

If you have questions about the study call the Dr... 07...............or .Supervisor...07........../ Investigators tel nos. to be inserted

However, if you have questions about your rights as a study participant: You may contact Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke, secretary.kuerc@ku.ac.ke,

**Participant’s statement**

The above information regarding my participation in the study is clear to me. The study has been explained to me and I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will still get the same care and medical treatment whether I decide to leave the study or not and my decision will not change the care that I will receive from the clinic today or that I will get from any other clinic at any other time.

Name of Participant……………………………………………………………………………………………………

Signature or Thumbprint                                                                                Date

__________________________                        ____________________________________

Name of Representative/Witness (where necessary)                          Relationship to Subject

**Investigators statement**

I, the undersigned, have explained to the volunteer in a language s/he understands, the procedures to be followed in the study and the risks and benefits involved

Name of Interviewer ………………………………………………………………………………………………………

Signature                                                                                          Date
APPENDIX F: INFORMED ASSENT FOR CHILDREN

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

Project Title: ........................................................................................................................................................................................................................................................................

Protocol Number: ........................................................................................................................................................................................................................

Principal Investigator: ....................................................................................................................................................................................................

The investigators named above are doing a research study.

These are the things we want you to know about research studies:

We are asking you to be in a research study. Research is a way to test new ideas. Research helps us learn new things.

Whether or not to be in this research is your choice. You can say Yes or No. Whatever you decide is OK. We will still take good care of you.

What is the study about?

Explain the purpose of study and what it entails in simple language here

Why am I being asked to be in this research study?

You are being asked to be in the study because (detail you chose the participant

What will happen during this study?

Indicate all the procedures and what the study expects from the participant.

If you agree to be in this study, you will.................................................................

Will the study hurt/risks?

Some of the tests might hurt. The doctor will need some of your blood. The needle stick hurts for a little bit as the blood is taken. When ________________, you may get dizzy or feel short of breath. Having a ______________ sometimes makes people feel ______________.

What else should I know about the study?
If you feel sick or afraid that something is wrong with you, tell an adult at once. You do not have to answer any questions that are asked of you.

What are the good things /benefits that might happen?

People may have good things happen to them because they are in a research study. These are called “benefits.” Describe any if available what the researchers are hoping to answer with their research.

What if I don’t want to be in this study?

You do not have to be in the study if you do not want to. You will not lose any care or service

Who should I ask if I have any questions?

If you have any questions about this study, you or your parents can call Dr. Supervisor 1/PI. On 07******* or Dr. Supervisor 2/PI. On 07yyyyyyyy or the Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke, secretary.kuerc@ku.ac.ke

Do I have to be in the study?

No, you do not have to be in the study. Even if you say yes now, you can change your mind later. It is up to you. No one will be mad at you if you don’t want to do this.

Signatures

Before deciding if you want to be in the study, ask any questions you have. You can also ask questions during the time you are in the study.

If you sign your name or put a mark below, it means that you agree to take part in this research study.

Your Name (Printed)     Age
Your Signature     Date
Signature of Person Obtaining Consent     Date
Signature of Witness     Date
APPENDIX G: DEVIATION OR VIOLATION REPORTING FORM

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

Title of Proposal: ____________________________________________________________

Applicant/Investigator(s): ___________________________________________________

PKU Number: ______________________ Date: _____________________________

1. Date of Deviation/Violation: ____________________________________________

2. Type of non-conformity: Deviation or Violation (______________________)

3. Provide a description of deviation or violation: State whether the study/project participants/groups were adversely affected, placed at greater risk and were informed of the deviation or violation (Description, what, where, who, how) ______________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. Provide an explanation as to why deviation or violation occurred. ______________

____________________________________________________________________________
____________________________________________________________________________

5. Describe measures taken to address the deviation or violation. _______________

____________________________________________________________________________
____________________________________________________________________________

6. Describe measures taken to prevent future recurrence of deviation or violation. __________

____________________________________________________________________________
____________________________________________________________________________
7. Indicate whether study/project sponsor (if applicable) has been notified.

Name and Signature of the applicant/Investigator:__________     Date:__________

Address:.............................................

Telephone:........................................

Cell phone:......................................
APPENDIX H: ADVERSE EVENT REPORTING FORM

KENYATTA UNIVERSITY

OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

Title of Proposal: ________________________________________________________________

Applicant/Investigator(s): _______________________________________________________

PKU/Number: ____________________________ Date: ________________________________

1. Type of Report: Initial or Follow-up (__________________________________________)

2. Study study/project participant/group information: Identification number, age, height, weight, etc ________________________________________________________________

3. Adverse event start date: Adverse event stop date: or Ongoing

________________________________________________________________________

4. State/Indicate location of the event, if applicable: ______________________________

5. Describe the adverse event: Describe the signs, symptoms, severity, time course, relevant medical history, and laboratory data. Include confirmatory results, if any. Indicate any medication required to treat the event and the outcome. __________________________________________

________________________________________________________________________

________________________________________________________________________

6. Describe the investigational drug, medical treatment or procedure or device causing the event:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. Describe circumstances of the event, where applicable: Death (whether an autopsy was done), congenital abnormality, indicate whether it is life-threatening, if prolonged hospitalization is required, if persistent or significant disability occurred, if the study/project participant/group requires medical or surgical intervention to prevent other outcomes.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Describe the action taken

______________________________________________________________________________
______________________________________________________________________________


______________________________________________________________________________
______________________________________________________________________________

10. State relationship to drug/participation in a project: not-related, possibly, probably, definitely unlikely related to drug/participation and explain why. ______________________________________________________________________

11. State if adverse event is described in current approved informed consent/assent document.

______________________________________________________________________________

12. State if event requires a change or changes in consent/assent documents and to the study/project procedures. ______________________________________________________________________

13. State whether or not enrolled study/project participants/groups shall be advised of the event. If yes, explain how this new information will be conveyed. If not, explain why. ________________________________
14. Describe any other information not included/ covered above ______________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name and Signature of the Applicant/Investigator             Date

Address:.............................................
Telephone ........................................
Cell phone:........................................
APPENDIX I: ANNUAL PROJECT PROGRESS STATUS

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

Title of Proposal: ..........................................................................................................................................................

Applicant(s) PKU No:..................................................................................................................................................

Project start date: ___________________________ End date: _________________________

Project period covered: Indicate project period covered by the report (e.g. 17 July 20....to 16 June 20....). ..........................................................................................................................................................

Research objectives: Briefly describe purpose of the study/project. ________________________________

3. Research progress summary: Briefly describe the progress made during reporting period, highlighting key findings and achievements during the period. Include number of new study/project participants/groups enlisted/recruited into the study/project, the number of study/project participants continuing participation and the number of new study/project participants expected to enroll or leave the study/project during this period and reasons for their departure. Summarize on-going activities.

4. Amendments: Indicate any amendments made and approved during the reporting period.

5. Adverse events reports: If applicable, report any adverse events expected or unexpected.
6. Projects outputs: State if there were any publication, abstract, a product, patent application, e.t.c during the reporting period.

______________________________________________________________________________

______________________________________________________________________________

7. Constraints: State any constraints experienced during the reporting period, and whether or not they adversely affected project progress.

______________________________________________________________________________

______________________________________________________________________________

8. Any other relevant information: Include any information that might be relevant to this report but not captured in the items listed. State whether or not a continuation approval is required for the study/project.

______________________________________________________________________________

______________________________________________________________________________

9. Plans for the next study/project year: State study/project activities planned for the coming year or continuing into next year. Indicate if this is the last project year.

______________________________________________________________________________

______________________________________________________________________________

10. Has The Kenyatta University Ethics Review Committee Approval Period Expired? Yes 0 No 0
    If yes, do you wish to apply for an extension of the Approval Period? Yes 0 No 0
    If YES, please state the new expiry date requested and the reason for request for extension.
    New expiry Date Requested  Reasons for Extension
Note that any amendments to the approved protocol require further specific approval by KUERC.

---------------------------------------------------------------------------------------------------------------------

11. Attachment: Enclose one copy of current approved study/project protocol and current stamped and signed consent documents.

____________________________________ _______________________
Name of Applicant(s)/Investigator(s)  Department

_________________________________________ _______________________

Signature                                                                                                 Date

Chairman Kenyatta University Ethics Review Committee

Signature & Date

____________________________________________ _______________________

### APPENDIX J: WAIVER/EXEMPTION FORM

**KENYATTA UNIVERSITY**

**OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE**

**APPLICATION FOR EXEMPTION OF RESEARCH FROM ETHICAL REVIEW**

<table>
<thead>
<tr>
<th>1. Proposal Title</th>
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<tr>
<th>2. Principal Investigator</th>
<th>Name</th>
<th>Department</th>
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<tr>
<th>3. Co-PI’s</th>
<th>Names</th>
<th>Department</th>
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<th>4. Signature of PI</th>
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Please mark the appropriate box as √

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<tr>
<th>5. Types of study</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>a. Retrospective review of patient’s charts</td>
<td></td>
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<tr>
<td>b. Prospective data collection from patient’s charts</td>
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<td></td>
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<tr>
<td>c. Analysis of laboratory/radiology data</td>
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<tr>
<td>d. Clinical audit</td>
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<tr>
<td>e. Evaluation of practice guidelines</td>
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<tr>
<td>f. Case reports</td>
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<tr>
<td>g. Others; please specify</td>
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</tbody>
</table>

**6. Period of data collection**

From | to

**7. Starting date of study**

From | To

**8. Summary of data to be collected**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>a. Demographics of the patients i.e. name addresses, phone numbers, e-mail address</td>
<td></td>
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<tr>
<td>b. Clinical notes</td>
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<tr>
<td>c. Photographs</td>
<td></td>
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<tr>
<td>d. Laboratory data/ radiology data</td>
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<tr>
<td>e. Management data</td>
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<td>f. Other, please specify</td>
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9. Utilization of data to be collected: Will it be used for

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>a. Publication of papers in journals / newspapers</td>
<td></td>
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<tr>
<td>b. Oral / poster presentation in meetings / conferences</td>
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<td></td>
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<tr>
<td>c. Students / residents’ teaching</td>
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<td></td>
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<tr>
<td>d. Planning subsequent larger studies</td>
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10. Summary of Objectives & Methods of Study including selection and exclusion criteria of study subjects, sample size, analysis plan etc.

11. Please answer the following questions and mark the appropriate box as √

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>a. Will any photographs be used/taken for publication?</td>
<td></td>
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<tr>
<td>b. If yes, has written permission been obtained from study subject or guardian?</td>
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<tr>
<td>c. Has the study been reviewed by departmental research / review committee</td>
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<tr>
<td>d. Was any ethical concern raised by departmental committee?</td>
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<td>e. If yes, what were the ethical issues?</td>
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<td>f. Were those ethical concerns resolved?</td>
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Certificate of review by the Kenyatta University Ethics Review Committee And Chair of the Department

The above study has been reviewed by the Ethics Review Committee (ERC). The Committee members are satisfied that the study falls in the exemption category and has no ethical issue. The study is being submitted to ERC for granting of an exemption letter.

Signature of Supervisor

_______________________________________________
APPENDIX K: REQUEST FOR EXPORTATION OR STORAGE OF HUMAN SAMPLES AND OTHER BIOLOGICAL MATERIALS FOR RESEARCH

PART A: Project Information

i. Project Title: ..............................................................................................................................................................

................................................................................................................................................................................PKU No.. ........................................................

ii. KUER Centre of Affiliation: ...........................................................................................................................................

iii. Principal Investigator(s):

1. ......................................................................................................................................................................................

2. ......................................................................................................................................................................................

3. ......................................................................................................................................................................................

iv. Other Investigators:

1. ......................................................................................................................................................................................

2. ......................................................................................................................................................................................

3. ......................................................................................................................................................................................

4. ......................................................................................................................................................................................

PART B: Specimen Details:

i. Is the request for specimen exportation or storage or both

.........................................................................................................................................................................................

(Request for storage is necessary if the samples are to be stored beyond the duration of the present study)

ii. Description of specimen(s) to be exported/ stored:

.........................................................................................................................................................................................
iii. Reason(s) for exportation/storage of samples:
   1. 
   2. 
   3. 

iv. Duration of specimen storage: 

v. For samples originating from human subjects, state whether or not written consent for specimens exportation or storage:

vi. Name and address of recipient institution/department responsible for the specimens:

(If samples are to be sent to more than one institution/department, a separate request form should be completed for each recipient)

vii. Name(s) and address of person(s) responsible for the specimens in the recipient institution:

vi. Name and role in the project of the Kenyan investigator(s) expected to carry out investigations on the specimens in the overseas institution:
PART C: Declarations: (To be completed every time prior to shipping samples)

i. Declaration by the person requesting exportation/storage of research specimens:

I certify that the information provided in this request form is true and correct to the best of my knowledge, and I hereby declare that the specimens referred to herein will be utilized for the stated purpose only.

Name: -------------------------------- Role in the Project: --------------------------------
Signature: -------------------------------- Date: -------------------------------------

ii. Declaration by Recipient Institution:

This is to certify that the specimens referred to herein being sent to __________________________(Name of Institution) for further analyses/experimentation will be in the custody of the Department of ________________________________, and I hereby confirm that they will be utilized for the purpose stated in this request form, and I accept full responsibility and control over the usage of these samples.

Name of Department/Institution Head: -----------------------------------------------
Signature: -------------------------------- Date: -------------------------------------

iii. Declaration by Centre Director:

I certify that the protocol PKU No---------- referred to in this request was approved by the KU-ERC Committee on ____________________ and that the request to export the biological specimens referred to in this request was found to be valid and justifiable. I further confirm that the study participants in this project have consented in writing to the exportation/storage of samples taken from them, for use in further research.

Name: -----------------------------------Signature: --------------------------------
Centre: -------------------------------- Date: -----------------------------------

PART D: (For KUERC Use Only)

i. Request Approved by the KUERC on ____________________
   Name of the Officer-------------------------- Sign----------------------

ii. Request Not Approved by the KUERC on ____________________
   Name of the Officer-------------------------- Sign----------------------
iv. Request Considered and Deferred Due to the Following Reasons:

1) 

2) 

3) 

4) 

5) 

PART E: Approvals

Request Approved By:

i. Chairman, KUERC: ___________________________ Date: ____________
KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

APPENDIX L: AUTHORITY TO EXPORT BIOMEDICAL RESEARCH MATERIALS.

This is to certify that ______________________________________________________

Principal Investigator/Co-Principal Investigator/Investigator in the research project titled:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

and referenced KUERC No: _________________ being undertaken in collaboration with the
Kenyatta University Ethics Review Committee (KUERC) has been granted permission to send
out

________________________________________________________________________
(Number and Description of the Samples)
to

________________________________________________________________________
(Name of Department and/or Institution)
in __________________________________________________________________________
(Country of Destination)

for the purpose of ____________________________________________________________________
________________________________________________________________________
(Description of the type(s) of investigations or analyses to be conducted on the samples)
This certificate is issued with the understanding that the investigator will not use the samples for purposes other than those stated above. The investigator will submit a copy of the results of the investigations/analyses undertaken on these samples to the CHAIRMAN, KUERC; and will ensure that KUERC’s intellectual property rights arising from work on the stated samples will be protected and safeguarded, and the findings thereof are published with the approval of the Chairman, KUERC.

Recommended by:

__________________________________________
Name and Signature of Chairman KUERC       Date

Authorized by:

__________________________________________
Name and Signature of Chairman, KUERC       Date

*This certificate is valid for a period of 90 (Ninety) days with effect from the date of authorization. Please direct any queries to the Chairman, KUERC, and P.O. Box 43844-00100 Nairobi, Kenya; Phone: ext. 4389

; E-mail: chairman.kuerc@ku.ac.ke
APPENDIX M: REQUEST FOR IMPORTATION OR STORAGE OF HUMAN BLOOD AND OTHER BIOLOGICAL MATERIALS FOR RESEARCH

PART A: Project Information

i. Project Title: _____________________________________________________________
   _______________________________________________________________________
   PKU No: _____________________

ii. KUERC/Unit/Project of Affiliation: _______________________________________
    ______________________________________________________________________

iii. Principal Investigator(s):

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<tr>
<th>NAME</th>
<th>INSTITUTION</th>
<th>TELEPHONE</th>
<th>EMAIL ADDRESS</th>
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iv. Other Investigators:

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<tr>
<th>NAME</th>
<th>INSTITUTION</th>
<th>TELEPHONE</th>
<th>EMAIL ADDRESS</th>
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PART B: Specimen Details:

i. Is the request for specimen IMPORTATION or storage or both?

(Request for storage is necessary if the samples are to be stored beyond the duration of the present study)

ii. Description of specimen(s) to be imported/stored:

iii. Reason(s) for importation/storage of samples:
   1. 
   2. 
   3. 

vi. Duration of specimen storage: 

   For samples originating from human subjects, state whether or not written consent for specimens importation or storage

PART C: Declarations: (To be completed prior to requesting for importation)

i. Declaration by the PI/ Investigator requesting importation/storage of research specimens:

   I certify that the information provided in this request form is true and correct to the best of my
knowledge, and I hereby declare that the specimens referred to herein will be utilized for the stated purpose only

Name: ------------------------------------ Role in the Project: ------------------------------------

Signature: ------------------------------------ Date: ------------------------------------

ii. Declaration by Exporting Institution:

This is to certify that the specimens referred to herein being sent to ------------------------------(Principal Investigator-Centre/Unit/project) for further analyses/experimentation will be in the custody of the (Name of the recipient Institution) ---- -------------------------------, and I hereby confirm that they will be utilized for the purpose stated in this request form, and ____________________________(Name of PI) will accept full responsibility and control over the usage of these samples.

I further confirm that the study participants in this project have consented in writing to the exportation/ storage of samples taken from them, for use in further research.

Name of the Exporting officer: ____________________________

Designation: ____________________________

Name of Department/Institution Head: ____________________________

Signature: ____________________________ Date: ____________________________

PART D: Approvals of Importation of Biomedical samples

Request Approved By:

i. Chairman KUERC; ____________________________ Date: ____________________________

Signature: ____________________________

ii. Head of Department, Office of Health, Safety and Environment:

_____________________________________________ Date: ____________________________

Signature: ____________________________

iii. Chairman; KUERC: ____________________________ Date: ____________________________

Signature: ____________________________
APPENDIX N: AUTHORITY TO IMPORT BIOMEDICAL RESEARCH MATERIALS*

This is to certify that _____________________________________________________________
Principal Investigator/Co-Principal Investigator/Investigator in the research project titled:
______________________________________________________________________________
______________________________________________________________________________
Being undertaken in collaboration with the Kenya Medical Research Institute (KEMRI) has been
granted permission to ship in ______________________________________________________
________________________________________________________________________________
______________________________________________________________________________
(Number and Description of the Samples)
to _____________________________________________________________
(Name of Department and/or Institution)
in _____________________________________________________________
(Country of origin)
for the purpose of ___________________________________________________________
________________________________________________________________________________
______________________________________________________________________________
(Description of the type(s) of investigations or analysis to be conducted on the samples)

This certificate is issued with the understanding that the investigator will not use the samples for
purposes other than those stated above. The investigator will submit a copy of the results of the
investigations/analyses undertaken on these samples to the Chairman KUERC; and will ensure
that Kenyatta University’s intellectual property rights arising from work on the stated samples will
be protected and safeguarded, and the findings thereof are published with the approval of the
Chairman; KUERC

Recommended by: __________________________________________________________ Date ________________
Name and Signature of Chairman; KUERC

Authorized by: ________________________________________________________ Date ________________
Name and Signature of Chairman; KUERC

*This certificate is valid for a period of 90 (Ninety) days with effect from the date of authorization.
Please direct any queries to the Chairman KUERC, P.O. Box 43844-00100 Nairobi, Kenya; Phone:
Ext.4389  E-mail: chairman.kuerc@ku.ac.ke