



## **GOOD CLINICAL PRACTICE (GCP) COURSE**

### **University of Zimbabwe College of Health Sciences Research Support Centre**

**Dates: 4-5 October 2017**

The University of Zimbabwe College of Health Sciences, Research Support Centre (UZCHS-RSC) is delighted to announce a two day training course on Good Clinical Practice (GCP). **A must** for everyone involved in clinical research to ensure that they conduct research in accordance to international and local regulatory requirements.

#### **Course Content**

- History of Human Participant Protection
- Fundamentals Ethics and Principles of Research
- Principles of Good Clinical Practice
- Clinical Research Protocol
- Informed Consent Process
- Key Players in Clinical Trials
- IEC/IRB Establishment, Functions and Responsibilities
- Essential Documents and Documentation
- Investigator Brochure
- Clinical Trial Monitoring, Audits and Inspections
- Serious Adverse Event and Safety Reporting
- Standard Operating Procedures

**Target group:** Investigators, Clinical Trial Managers and Coordinators, Study clinicians, Research Nurses, Laboratory Technicians, Laboratory Assistants, Data Managers, Data Officers, Study Coordinators, Field officers, IRB members, Postgraduate Research Students, Technical and Support staff involved in clinical research and all interested individuals aspiring to embark on research which involves human participants.

**Venue:** University of Zimbabwe College of Health Sciences (UZCHS), Research Support Centre

**Course Fee:** US\$150 covering course materials, lunch and refreshments.

**For Registration fill the form below and email by 30 September 2017 to:** [rscsacoreoffice@gmail.com](mailto:rscsacoreoffice@gmail.com)  
**cc** [pure.chandiwana@gmail.com](mailto:pure.chandiwana@gmail.com) **for enquiries phone:** 04708020 or 0775 495566. Alternatively you can physically submit the registration at the Research Support Centre, Parirenyatwa Hospital Grounds, Harare

**\$150.00**

**GOOD CLINICAL PRACTICE (GCP) TRAINING  
UZCHS RESEARCH SUPPORT CENTRE  
4- 5 OCTOBER**

Thank-you for your interest in the workshop, to register, please provide the following information

**DELEGATES**

1.

Dr/Mr/Mrs/Miss \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Mobile \_\_\_\_\_

Position \_\_\_\_\_

2.

Dr/Mr/Mrs/Miss \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Mobile \_\_\_\_\_

Position \_\_\_\_\_

3.

Dr/Mr/Mrs/Miss \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Mobile \_\_\_\_\_

Position \_\_\_\_\_

Registration is invalid without payment.

**Register Me/Us**

**Bank transfer: Stanbic Bank Zimbabwe Account Name: College of Health Sciences, UZ SACORE  
Account Number: 914 0000 6695 62 Branch Name: Parklane**

**Deadline: 30 September 2017.**