



Progress Report Form

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *This form is required at least once during the implementation of the study or at a frequency based on the level of risk of the study. Obtain an electronic copy of this form and encode all information required in the space provided. Print the report then date and sign this form before submission.*

UPCHE REC CODE:		
Study Protocol Title:		
Principal Investigator(s)/Proponent(s):		
Effectivity Period of Ethical Clearance: From:		To:
Email:	Telephone:	Mobile:
Study Site(s): <Name and address>		
Sponsor/Funding Agency:		
Report Submission Date: (to be filled out by UPCHE REC)		
1. Study objectives and summary of results (List different components or activities in approved study protocol, provide a short description and indicate completion status, e.g., 50%, 75% complete)		
Objectives:	Results:	Status (%)
i.	i.	i.
2. Period covered by report:		
3. Start of Study:		
4. Expected end of study:		
5. Number of enrolled participants:		
6. Number of required participants:		
7. Number of participants who withdrew:		
8. Number of participants lost to follow-up:		
9. Summary of protocol deviations/violations/non-compliance from the approved protocol (include date reported to REC):		
10. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio:		
11. Summary of amendments to the original protocol (include approval dates):		
12. Summary of SAE/RNE reported:		
13. Issues/problems encountered:		
Date of Last Review:		
Signature of PI/Proponent(s):		
For students, name and signature of thesis adviser:		
Received by:		

For UPCHE REC use only:



Comments of Primary Reviewer (i.e., compliance with the terms of the approved protocol including post-approval review requirements, and overall assessment of risks against benefits in the conduct of study)

Recommendation(s)

Type of Review:

<input type="checkbox"/> Expedited Review	<input type="checkbox"/> Full Review
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Recommended Action

- ☐ APPROVAL
- ☐ REQUEST INFORMATION: (specify)
- ☐ RECOMMEND FURTHER ACTION: (specify)

REVIEWER

(Scientist or Non-Scientist)

Date:

Signature

e

Name

Position