	Reference No.: BatStateU-FO-BERC-016	Effectivity Date:	Revision No.: 00

CONTINUING REVIEW APPLICATION FORM

Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked in Section 3 Checklist of Documents.

1. General Information			
Title of the Study			
BERC Code (To be Provided by BERC)		Study Site	
Name of Researcher		Contact Information	Tel No:
			Mobile Number
			Fax No:
Co-Researcher (if any)			Email:
Institution			
Address of Institution			
Ethical clearance effectivity period			

Progress Report	
1. Start of Study	2. Expected end of study
3. Number of enrolled participants	4. Number of required participants
5. Number of participants who withdrew	
6. Deviations from the approved protocol	7. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio
8. Issues/problems encountered	
9. Justification for application for Continuing Review	

Tracking No. _____