

 USM	<h1>Research Ethics Committee</h1>		
	APPLICATION FOR CONTINUING REVIEW	REC Form No.	5.5
		Version No.	Ø
		Date of Effectivity <i>(To be provided by REC)</i>	

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) of the Application for Ethics Review of a New Protocol form (REC Form 1.1).

General Information			
*Title of Study			
*REC Code <i>(To be provided by REC)</i>		*Study Site	
*Name of Researcher		Contact Information	Tel No:
*Co-researcher <i>(if any)</i>			*Mobile No:
			Fax No:
			*Email:
*Institution			
*Address of Institution			
Ethical clearance effectivity period as stated in the Certificate to Conduct		From:	To:
Progress Report			
1. Start of study:		2. Expected end of study:	
3. Number of participants who gave consent:		4. Number of required participants:	
5. Number of participants who withdrew:		6. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio. <i>(attach additional page if needed)</i>	
7. Deviations from the approved protocol: <i>(attach additional page if needed)</i>			
8. Issues/problems encountered <i>(attach additional page if needed)</i>			
9. Justification for application for Continuing Review <i>(attach supporting documents if needed)</i>			

Signature of Researcher: _____

Date: _____