Ethics Study Progress Report

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *Accomplish a copy of this form and include all information required in the space provided.* ***Date*** *and* ***sign*** *this form before submission.*

General Information			
*Title of Study			
*Protocol Code		Contact Information	*Tel No:
* Name of the Researcher			*Mobile No:
*Co-researcher (if any)			Fax No:
			*Email:
*Institution		*Study Site/s	
*Address of Institution			
Effectivity Period of Ethical Clearance			
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			
Accomplished by:			
Name & Signature		**Date**	

----------To be filled by the REC Members----------	
Referred to _____• Full Board Review by REC _____• Expedited Review at the level of REC Chair	
Is the conduct of the study in compliance with the approved protocol? **____Yes ____No**	
Are the risks/discomfort appropriately mitigated? **____Yes ____No**	
Will the deviation pose more risks to the study participants? **____Yes ____No**	
Recommended Action: • Uphold original approval with no further action • Request information: *(indicate information)* • Recommend further action: *(indicate action)*	
PRIMARY REVIEWER 1 Date: <*dd/mm/yyyy*>	Signature _____ Name <*title, name, surname*>
SECRETARIAT STAFF Date: <*dd/mm/yyyy*>	Signature _____ Name: Ms. Rhea Mae Vanessa Tuazon
REC CHAIR Date: <*dd/mm/yyyy*>	Signature _____ Name: Dr. Girlie Mae P. Zabala