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| --- | --- |
|  | **HOLY ANGEL UNIVERSITY**  **Institutional Review Board**  4th floor, San Francisco de Javier Building  1 Holy Angel Avenue, Santo Rosario, Angeles City 2009  *Telephone*: +63 45 8888691 local 1540 ; *Email*: irb@hau.edu.ph |

RESEARCH PROGRESS REPORT FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Study title |  | | | | |
|  |  | | | | |
| Protocol no. | |  |  | Study start date |  |
| Principal investigator | |  |  | Anticipated end date |  |

Progress report

|  |  |  |  |
| --- | --- | --- | --- |
| Report sequence no. |  | Report period | to |
| Maximum number of participants/samples/records planned (local) | | |  |
| No. completed study |  | No. recruited |  |
| No. withdrew |  |  |  |
|  | | | |
| Withdrawal reasons: |  | | |

Changes

|  |  |
| --- | --- |
| Study protocol change | [ ] Yes [ ] No |
| Investigator change | [ ] Yes [ ] No |
| Have they been reported? | [ ] Yes [ ] No |
| Nature of change: |  |

Summary of Serious Adverse Events/Reportable Negative Events

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the SAE/RNE affect the study, and how? |  | **Yes** |  | **No** |
|  |  |  |  |  |
|  | | | | |

Summary of Complaints from Subjects

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| --- |
|  |

Summary of Protocol Deviations/Violations

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| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the protocol deviations/violations affect the study, and how? |  | **Yes** |  | **No** |
|  |  |  |  |  |
|  | | | | |

Summary of Site Visit

|  |
| --- |
|  |

Interim Analysis of Data

|  |  |
| --- | --- |
| According to schedule | [ ] Yes [ ] No [ ] Not Applicable |

Updated Information

|  |  |  |
| --- | --- | --- |
| Updated information that may affect a subject’s willingness to continue (e.g. recall of investigation product) | | [ ] Yes [ ] No |
| New evidence that addresses the research hypothesis | | [ ] Yes [ ] No |
| Describe new information and actions taken: |  | |
| Is the ‘Certificate of Insurance’ (if applicable) of the study still valid?  **Please attach renewed ‘Certificate of Insurance’ if the present one is expired.** | | [ ] Yes [ ] No |

Current progress of Study

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Continue according to the plan |  |
|  |  |  |  |
|  |  | Extend study period, due to: |  |
|  |  |  |
|  |  |  |  |
|  |  | Premature termination, due to: |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Report by: | Name | Signature | Date |
|  |  |  |

|  |
| --- |
| **Comments and Recommendations of Reviewer:** |
|  |
| **RECOMMENDATION**   * APPROVED * REQUIRE ADDITIONAL INFORMATION: *(indicate information)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **REVIEWER** |  | Signature |  |
| Date: |  | Name |  |
| **CHAIR** |  | Signature |  |
| Date: |  | Name |  |