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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 |

**APPLICATION FOR CONTINUING REVIEW FORM**

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| **Protocol No.:** | | |
| **Study Protocol Title:** | | |
| **Initial Approval Date:** | | |
| **Ethical Clearance Effectivity Period:** | | |
| **Principal Investigator:** | | |
| **E-mail:** | **Telephone:** | **Mobile:** |
| **Study Site:** | | |
| **Study Site Address:** | | |
| **Sponsor:** | | |
| **Sponsor Contact Person:** | | |
| **E-mail:** | **Telephone:** | **Mobile:** |
| **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 | | |
| **Serious Adverse Event /SUSAR/Reportable Negative Event Report** | | |
| 1. Nature of Event | | |
| 2. Co-morbidities | | |
| 3. Causality Assessment of Investigator | | |
| 4. Causality Assessment of Sponsor | | |
| 5. Action | | |
| 6. Outcome | | |
| 7. Justification for application for Continuing Review | | |
| **Signature of Principal Investigator:** | | |
| **Date of Submission:** | | |

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| **Comments and Recommendations of Reviewer:** |
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| **Recommended Action:** *(for HAU-IRB use only)*   * Approval with no further action * Request information: *(indicate information)* * Recommend further action: *(indicate action)* |

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