**PROGRESS REPORT FORM**

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| --- | --- | --- |
| **Protocol Code:** | | |
| **Date of Submission:** | | **Date of Approval:** |
| **Study Protocol Title:** |  | |

|  |  |  |
| --- | --- | --- |
| **ACTION REQUESTED:**   * Renew-New participant accrual to continue * Renew-Enrolled participant * Terminate-Protocol discontinued | | |
| Is there any amendment since the last review? (Describe briefly.) | * No | * Yes |
| Is there any change in participant population, recruitment or selection criteria since the last review? (Explain changes.) | * No | * Yes |
| Is there any change in the Informed Consent Process or documentation since the last review? (Please explain.) | * No | * Yes |
| Is there any new information in recent literature or similar research that may change the risk/benefits ratio for participants in this study? (Discuss and attach narrative.) | * No | * Yes |
| Is there any unexpected complication or side effect noted since the last review? (Discuss and attach narrative.) | * No | * Yes |
| Did any participant withdraw from this study since the last approval? (Reasons for withdrawal) | * No | * Yes |
| Are there any new collaborating sites that have been added or deleted since the last review? Please identify the sites and note the addition or deletion. | * No | * Yes |

Impaired Participants: Put a check.

\_\_\_\_\_ None

\_\_\_\_\_ Physically

\_\_\_\_\_ Cognitively

\_\_\_\_\_ Both

**To be filled up by the TSURERC SECRETARIAT**

Primary Reviewers:

Signature:

Date:

Date Received:

Received by:

Signature:

|  |  |
| --- | --- |
| **Recommendations:**   * Approve * Request an amendment to the protocol or the consent form * Request further information * Suspend or terminate the study * Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Type of Review:**   * Expedited Review * Full Board Review   **Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Changes to the study protocol recommend

No Yes

Comments:

Changes to the informed consent recommend

No Yes

Comments:

**RERC Decision:**

**Prepared by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Secretary, TSURERC Date

**Certified by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chairperson, TSURERC Date