Form 14.2 Progress Report

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***PROGRESS REPORT***

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| **Protocol No.** |  | **Approval Date** |  |
|  |  |  |  |
| **Protocol Title** |  | | |
|  |  |  |  |
| **Investigator** |  | **Sponsor** |  |
|  |  |  |  |
| ACTION REQUESTED:  ☐Renew - New participant accrual to continue  ☐Renew - Enrolled participant follow up only  ☐Renew - Completion of protocol requirements  ☐Terminate - Protocol discontinue | | | |
|  |  |  |  |
| Any amendments since the last review? (Describe briefly) ☐ No ☐ Yes | | | |
|  | | | |
| Any change in participant population, recruitment or selection ☐ No ☐ Yes  Criteria since the last review? (Explain the changes) | | | |
|  | | | |
| Any change in the Informed Consent process or documentation since ☐ No ☐ Yes  The last review? (Please explain) | | | |
|  | | | |
| Is there any new information in recent literature or similar research ☐ No ☐ Yes  That may change the risk/benefit ratio for participants in the study?  (Discuss and attach a narrative | | | |
|  | | | |
| Any unexpected complications or side effects noted since the last Review? ☐ No ☐ Yes  (Discuss and attach a narrative) | | | |
|  | | | |
| Did any participant withdraw from this study since the last approval? ☐ No ☐ Yes  (Reasons for withdrawal | | | |
|  | | | |
| Any new investigator that has been added to or removed ☐ No ☐ Yes  from the Research Team since the last review? | | | |
|  | | | |
| (Please identify them and submit The CVs of new investigators.) | | | |
|  | | | |
| Summary of protocol participants  ☐ Accrual ceiling set by ERC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ New participants accrued since last review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Total participants accrued since protocol began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Accrual Exclusions  ☐ None  ☐ Male  ☐ Female  ☐ Others (Specify) | | | |
|  | | | |
| Are there any new collaborating sites that have been added or ☐ No ☐ Yes  Deleted since the last review?  Please identify the sites and note the Addition or deletion | | | |
|  | | | |
| Impaired Participants  ☐ None  ☐ Physically \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Cognitively\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Both \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

***To be filled out by EVHRDC-ERC***

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| Date received: |  | | |
| Received by: | | Signature: | |
| Primary Reviewers:  1  2  Name of other reviewer/s  1  2 | | Signature | Date |
| Recommendations:  ☐ Approve  ☐ Request an amendment to the review  protocol or the consent form  ☐ Request further information Date of meeting  ☐ Suspend or terminate the study \_\_\_\_\_\_\_\_\_\_  ☐ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Type of Review:    ☐ Expedited review  ☐ Full Board | Date of Meeting: |
|  | |  |  |
| Change to the protocol recommended? ☐ No ☐ Yes | | | |
|  | | | |
| Changes to the informed consent form recommended? ☐ No ☐ Yes  Comments: | | | |
|  | | | |
| ERC Final Decision: | | | |
|  | | | |
| Certified by:  ERC Chair: Signature: Date: | | | |