**Progress Report Form**

**INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR:** *Progress reports are submitted every 12 months for low and minimal risk studies, 6 months for moderate risk studies, and 3 months for high-risk studies. Obtain an electronic copy of this form and encode all information required in the space provided. Print the form in LETTER size paper; then date and sign this form before submission.*

|  |
| --- |
| **FEU-NRMF IERC CODE:** |
| **STUDY PROTOCOL TITLE:** |
| **APPROVAL DATE:** <mm/dd/yyyy> |
| **PRINCIPAL INVESTIGATOR:** |
| **Email:**  | **Telephone:** | **Mobile:** |
| **STUDY SITE:** |
| **STUDY SITE ADDRESS:** |
| **SPONSOR:** |
| **SPONSOR CONTACT PERSON:** |
| **Email:** | **Telephone:** | **Mobile:** |
| **Ethical clearance effectivity date** |
| **SUBMISSION DATE:** (to be filled out by FEU-NRMF IERC) <mm/dd/yyyy> |
| 1. **Start date:**
 |
| 1. **Expected end of the study:**
 |
| 1. **Number of enrolled participants:**
 |
| 1. **Number of required participants:**
 |
| 1. **Number of participants who withdrew:**
 |
| 1. **Deviations from the approved protocol:**
 |
| 1. **New information** (literature or in the conduct of the study) that may significantly change the risk-benefit ratio):
 |
| 1. **Issues/problems encountered:**
 |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR:**  |
| **DATE SIGNED:** <dd/mm/yyyy> |

**RECOMMENDATIONS (for FEU-NRMF IERC use only)**

|  |
| --- |
| **Comments of Primary Reviewer**  |
| RECOMMENDED ACTION:* Uphold original approval with no further action
* Request information: (indicate information)
* Recommend further action: (indicate action)
 |
| **PRIMARY REVIEWER** |  | Signature  |  |
| Date: <mm/dd/yyyy> |  | Name | <Title, Name, Surname> |
| **SECRETARY** |  | Signature  |  |
| Date: <mm/dd/yyyy> |  | Name | <Title, Name, Surname> |
| **CHAIR** |  | Signature  |  |
| Date: <mm/dd/yyyy> |  | Name | <Title, Name, Surname> |