**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