

## Mercy Health HREC Progress Report

| Project Number:                      | Project Name:  |                                       |  |
|--------------------------------------|--|---------------------------------------|--|
| Date of report:                      | Date research commenced:   | Expected date of expected completion: |  |
| Investigator and Funding Information |  |                                       |  |
| PI & Investigators:                  | Funding source (if any):   |                                       |  |
| Collaborating Institutions (if any): | Conflict of Interest (if any):   |                                       |  |
| Participant information              |  |                                       |  |
| Number targeted:                     | Number currently enrolled:   |                                       |  |
| Number screened:                     | Number withdrawn:  |                                       |  |
| Project Information                  |  |                                       |  |
| Current project status:              | Has there been any ethical issues /adverse events during the course of this project for? |                                       |  |
| Recruiting                           | a) Participant   |                                       |  |
| Recruitment Ceased                   | b) Researcher  |                                       |  |
| Project Closed                       | c) Hospital  |                                       |  |
| Analysis Complete                    | d) N/A   |                                       |  |
| Awaiting Publication                 |  |                                       |  |
| Project Archived                     |  |                                       |  |

## Please select:

|  | No | Yes | N/A |
|--|----|-----|-----|
| Did the project receive<br>any complaints from<br>participants during the<br>reporting period? |    |     |     |
| Has the protocol been amended during this reporting period?                                    |    |     |     |
| Has there been a change of personnel?  |    |     |     |
| Did any SAEs/SUSARs<br>occur during this period of<br>research?                                |    |     |     |

If yes (to any) have the HREC guidelines been followed regarding notification?

Yes

No

Please provide any additional information regarding these issues:

Have the investigators complied with the approved protocol and conditions of HREC approval?

Yes

No

Are you adhering to the requirements specified in your research proposal for data storage and management?

Yes

No

Is the Insurance Certificate still current (clinical trials)?

Yes

No

Progress to date or outcomes (include publications / presentations / conferences):

Is an extension required for this project?

Proposed date of completion:

Yes

No

Reason for extension:

## \_\_\_\_\_

**Declaration** 

I confirm that this project is being conducted in keeping with the conditions of approval of the reviewing HREC (and subject to any changes subsequently approved).

I confirm that the project is being conducted in compliance with the NHMRC National Statement on Ethical Conduct in Human Research (NHMRC, 2007) or as amended.

I confirm that I have not received any information in any form from anyone involved in this research to suggest this report does not accurately reflect the progress of the project at the above site(s).

PI Signature

Date

PI name

HREC Admin Only

Name:

Date:

Notes: