

## Mercy Health HREC Progress Report

Project Number:	Project Name:		
Date of report:	Date research commer	nced:	Expected date of expected completion:
Investigator and Funding Information			
PI & Investigators:		Collaborating In	stitutions (if any):
Funding source (if any):		Conflict of Interes	est (if any):
Participant information			
Number targeted:	Number currently enrolled:		
Number screened:	Number withdrawn:		

## **Project Information**

Current project status:

Recruiting

Recruitment Ceased

**Project Closed** 

Analysis Complete

**Awaiting Publication** 

**Project Archived** 

Has there been any ethical issues /adverse events during the course of this project for?

- a) Participant
- b) Researcher
- c) Hospital
- d) N/A

## Please select:

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

Please provide any additional information regarding these issues:

Have the HREC guidelines been followed regarding notification of these issues?
Yes
No
Have the investigators complied with the approved protocol and conditions of HREC approval?
Yes
No
Have the investigators adhered to the requirements specified in the 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	
Admin use only	
Name:	Date:
Comments	