

Mercy Health HREC Progress Report

| Project Number: | Project Name: | | |
|--|---|------------------------------|--|
| | | | |
| Date of report: | Date research commenced: | Expected date of completion: | |
| Investigator and Funding Information | | | |
| PI & Investigators: | Collaborating Institutions (if any): | | |
| Funding source (if any): | Conflict of I | nterest (if any): | |
| Participant / Review / Audit information | <u>on</u> | | |
| Number targeted: | Number currently enrolled/reviewed/audited: | | |
| Number screened (as applicable): | Number withdrawn (as applicable): | | |
| | | | |

Project Information

Current project status:

Recruiting

Review/Audit Continuing

Recruitment Ceased

Review/Audit 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:

| lave 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 | | | |
| ave the investigators adhered to the requirements specified in the research proposal for data storage a anagement? | | | |
| Yes | | | |
| No | | | |
| Are the Insurance Certificate/s 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 | |