**PROGRESS REPORT FORM**

Protocol Code\* Date of Approval

Date of Submission

Study Protocol Title

ACTION REQUESTED:

Renew-New participant accrual to continue

Renew-Enrolled participant follow up only

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 No Yes

criteria since the last review? (Explain changes.)

Is there any change in the Informed Consent Process or documentation No Yes

since the last review? (Please explain.)

Is there any new information in recent literature or similar research No Yes

that may change the risk/benefits ratio for participants in this study?

(Discuss and attach narrative.)

Is there any unexpected complication or side effect noted since the last No Yes

review?(Discuss and attach narrative.)

Did any participant withdraw from this study since the last approval? No Yes

(Reasons for withdrawal)

Are there any new collaborating sites that have been added or deleted No Yes

since the last review? Please identify the sites and note the addition or

deletion.

Impaired Participants

None

Physically

Cognitively

Both

***To be filled up by the URERB***

Date Received:

Received by:

Signature:

**Primary Reviewers: Signature: Date:**

**Recommendations Type of Review:**

Approve Expedited review

Request an amendment to the protocol Full board review

or the consent form

Request further information

Suspend or terminate the study Date of Meeting:

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Changes to the study protocol recommend No Yes

Comments:

Changes to the informed consent form recommend No Yes

Comments:

**URERB Decision:**

**Certified by:**

**Member Secretary: Signature: Date:**