

Human Research Ethics Committee Progress Report

Date: _____

HREC Project No.	Study Title:

Approved: ___ / ___ / ___

Project commencement date ___ / ___ / ___ OR Proposed starting date ___ / ___ / ___

Project completion date ___ / ___ / ___ OR Proposed completion date ___ / ___ / ___

Have all protocol amendments been reported to the Ethics Committee? Yes No
If no, please provide details:

Has every participant in the study been issued with a Patient Information Sheet? Yes No

Has every participant in the study signed the latest version of the Consent Form? Yes No

Have all drug-related events been reported to relevant Hospital Pharmacy? Yes No

Has any misadventure befallen any subject? If so, please provide details: Yes No

Have any problems with ethical implications been encountered? Yes No
If so, please outline briefly:

Can the Chief Investigator guarantee that the data is stored securely and that access to the data is controlled? Yes No

List any publications that have arisen from this work:

Has the data been presented in any scientific forum? If yes give details: Yes No

_____	_____
Chief/Qualified Investigator Name	Signature
Date: _____	