**TRIAL/STUDY PROGRESS REPORT**

**Annual report for renewal or for closure**

**A. Research Ethics Committee reference number and title of trial/study:**

**B. Name and address of Principal Investigator; also name any collaborators:**

1. **Name and address of sponsor:**
2. **Trial/study information**

**Please provide an executive summary of the study:**

 (Please complete this too, not only the objectives below)

* 1. **Primary objective:**
	2. **Secondary objective:**
	3. **Date of approval:**
	4. **Date commenced:**
	5. **Expected date of completion:**

**6. Date(s) of approval of amendment(s) since approval of the study:**

 (Please provide a short summary of each amendment)

1. **Number of participants – please complete, if not with a value then with N/A or 0, but do not leave any box blank; and explain any discrepancy between E1 and E2-3:**

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| --- |
|  |

1. **To be investigated as per protocol:**

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1. **Already entered:**

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1. **Already completed:**

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|  |

1. **Withdrawn from trial/study prior to completion:**

**Provide reason:**

1. **Findings to date:**
2. **Summary of adverse effects encountered in all studies, not clinical trials only – please complete, if not with a value then with N/A or 0, but do not leave any box blank. Please append a line listing of all AEs/SAEs.**

 **Relation to trial/study drug:**

 **Related**

 **Not Related**

 **Possible**

 **Unknown**

1. **NB: Article/Abstract /Summary of findings must be forwarded if trial/study is completed.**

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**Principal Investigator Date**