Progress Report Form

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *A progress report is a description of how the implementation of the study is moving forward. Obtain an electronic copy of this form and encode all information required in the space provided. Print the report in A4 size paper; then date and sign this form before submission.*

| UPLB REB CODE: | | | |
| --- | --- | --- | --- |
| STUDY PROTOCOL TITLE: | | | |
| APPROVAL DATE: <dd/mm/yyyy> | | | |
| PRINCIPAL INVESTIGATOR: | | | |
| Email: | Telephone: | | Mobile: |
| STUDY SITE: <Name and address> | | | |
| STUDY SITE ADDRESS: | | | |
| SPONSOR: | | | |
| SPONSOR CONTACT PERSON: | | | |
| Email: | Telephone: | | Mobile: |
| REPORT SUBMISSION DATE: (to be filled out by UPLB REB) <dd/mm/yyyy> | | | |
| **REPORTABLE NEGATIVE EVENT (RNE)** | | | |
| 1. START OF STUDY: | | 1. EXPECTED END OF STUDY: | |
| 1. NUMBER OF ENROLLED PARTICIPANTS: | | 1. NUMBER OF REQUIRED PARTICIPANTS: | |
| 1. NUMBER OF PARTICIPANTS WHO WITHDREW: | | 1. REASONS FOR WITHDRAWAL, if applicable (attach narrative if needed): | |
| 1. PROTOCOL DEVIATIONS (cite study protocol section and page where the amendment is found): | | | |
| 1. NEW INFORMATION (LITERATURE OR IN THE CONDUCT OF STUDY) THAT MAY SIGNIFICANTLY CHANGE THE RISK-BENEFIT RATIO: | | | |
| 1. ISSUES/PROBLEMS ENCOUNTERED: | | | |
| 1. TYPE OF REVIEW:   ⬜ EXPEDITED REVIEW FOR VIOLATIONS OR ISSUES ENCOUNTERED THAT:   * Do not involve changes in study populations * Do not involve the collection of stigmatizing information * Do not change approved use of anonymized or archived samples * Do not involve further recruitment of participants * Involve study protocols previously classified under expedited review * Are administrative in nature (such as contact details of study personnel) * Do not materially affect the risk-benefit ratio of the approved protocol or increase risks to study participants   ⬜ FULL BOARD REVIEW for any amendments not cited under EXPEDITED REVIEW | | | |
| SIGNATURE OF PRINCIPAL INVESTIGATOR: | | | |

RECOMMENDATIONS (for UPLB REB use only)

| Comments of Primary Reviewer | | | |
| --- | --- | --- | --- |
| RECOMMENDED ACTION:   * APPROVE * DISAPPROVE * PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE | | | |
| PRIMARY REVIEWER |  | Signature |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |