

**Epworth Healthcare Human Research Ethics Committee  
Annual Progress Report**

Date:



|   |
|---|
| Epworth Study Number:   |
| Study Title:  |
| Date of Original Approval:  |
| Anticipated date of commencement at time of approval:   |
| Anticipated date of completion at time of approval:   |
| Anticipated date of completion (if this has changed from above):                                    |
| Chief Investigator:   |
| Other researchers:  |
| Epworth facilities involved: (Please circle)<br>Richmond/Eastern/ Freemasons/ Brighton/ Cedar Court |
| Approval from other HREC's: Please list the HREC's.:  |

**1. Status of the project**

|                        |   |
|------------------------|---|
| Complete               | Date completed __/__/__<br>Please attach a one page report on final outcomes and resulting publications   |
| In Progress            | Date commenced __/__/__<br>Please attach a one page report on progress to date and resulting publications |
| Not yet commenced      | Please provide a statement of explanation   |
| Abandoned/Discontinued | Please provide a statement of explanation   |

## 2. Compliance – Please indicate Yes or No

|   |  |
|---|--|
| Has the conduct of the project been in accordance with the conditions stated in the NH&MRC National Statement on Ethical Conduct in Research Involving Humans (1999)? |  |
| Has the conduct of the project been in accordance with the approved protocol?   |  |
| If No, has the approval for amendments been sought from Epworth HREC?   |  |
| Please explain on a separate sheet why permission to amend the protocol was not sought from the HREC and attach any relevant documentation or supporting statements   |  |

## 3. Subjects

|   |  |
|---|--|
| Indicate the number of subjects expected for the study:       |  |
| Indicate the number of subjects entered in the trial to date: |  |
| Indicate the number of subjects withdrawn from the study:     |  |
| Are signed consent forms available for inspection?            |  |

## 4. Adverse Events

|   |  |
|---|--|
| Has participation in the study resulted in any serious or unexpected adverse effects on subjects?   |  |
| Please list those SAE/SUSAR's that have not been reported to the HREC as they are from another site.<br>(Please attach a list to this report)       |  |
| Please list those SAE/SUSAR's that have not been reported to the HREC as they were unrelated to the study.<br>(Please attach a list to this report) |  |
| Have any new ethical issues emerged in the<br>If Yes, please provide a statement of explanation   |  |

## 5. Project Lay Summary

**PLEASE ATTACH**

**6. Progress and findings**

Please provide details (if any) of publications that have been accepted.

Please provide details (if any) of any grants that have been made.

Chief Investigator's name

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Chief Investigator's signature

\_\_\_\_\_

Date

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