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## RESEARCH PROGRESS REPORT FORM

St. Patrick’s University Hospital Research Ethics Committee requests that you provide details as to how your study has progressed and if any difficulties have been experienced. **Continued approval of your study is contingent on the provision of this information.** This form has been devised to make this process easier and standardised for all research applicants. In addition, as specified in Question 10, a separate document should be submitted with this form, providing results or progress of the study itself.

You must complete this form at the end of your research. In addition, if your research is due to take longer than 12 months, it should also be completed once a year following approval and more frequently if specifically requested by the committee. If it is not received within the given timeframes, approval to continue your research will be withdrawn and any further research will require a new research application.

Completed forms should be typewritten and returned to the committee administrator, Mr. James Braddock, at the following email address: [jbraddock@stpatsmail.com](mailto:jbraddock@stpatsmail.com).

**1. Title of Study:**

**2. Research Ethics Protocol number:**

**3. Date of Approval:**

**4. Has the study started?** (If No, please give reasons)

**5. Have there been any amendments to your protocol? If Yes, please note these:**

**6. Number of subjects/patients recruited into study:**

Proposed –

Actual –

**7. Have there been any serious adverse events as a result of this research? If Yes, have these been notified to the Committee?** (If serious adverse events have not been notified to the committee, please state why as notification is a condition of ethics approval)

**8. Please describe measures taken to maintain and secure personal information/records pertaining to your research, both during the study and once it is completed. If audio/video recordings or photographs form part of your research, please confirm when you plan to destroy this data.**

**9. Progress to date** (please tick the appropriate boxes)

**Not started Started Completed**

***Data collection***

***Data analysis***

***Results written up or published***

**10. Please state when the study was completed or when you expect to complete the study:** (Please note that if a study is to be written up or published, it is not considered complete until that has been done.)

If the study will not be completed, please give reason(s):

**11. Please supply a separate document which details the results of your study or the progress to date** (tick appropriate box that best fits the description of this document)**:**

Summary Abstract Publication

**12. Has the research resulted in a change in clinical practice?** (Please elaborate)

**DECLARATION:**

I wish to confirm that I have complied with the conditions set out in my original proposal and the above statements are a true reflection of the status of my research to date.

**Name of Principal Investigator:**

**Date:**