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## ANNUAL RESEARCH PROGRESS REPORT FORM

St Patrick’s Mental Health Services 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 section 6, all publications or poster presentations generated during the last 12 months should be submitted with this report.

This form should 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 If it is not received within the given timeframes, approval to continue your research may be withdrawn and any further research will require a new research application.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. **Details of study**

|  |  |
| --- | --- |
| Full title of study: |  |
| Research Ethics Protocol number: |  |
| Date of REC Approval: |  |

1. **Commencement and termination dates**

|  |  |
| --- | --- |
| Has the study started? | Yes / No |
| If yes, what was the actual start date? |  |
| If no, what are the reasons for the study not commencing?  What is the expected start date? |  |
| What is the expected completion date?  (If already completed, please submit the END OF STUDY Form instead of this form) |  |
| If you do not expect the study to be completed, give reason(s) |  |
| If you expect the study to overrun the planned completion date, the REC should be notified. | |

1. **Recruitment of participants**

In this section, “participants” refers to those whose samples/data will be studied.

|  |  |
| --- | --- |
| Number of participants recruited: | Expected to have recruited to date:  Actual number recruited to date: |
| Have there been any difficulties in recruiting participants? | Yes / No |
| If Yes, give details: |  |
| Number of withdrawals from study to date: |  |
| Do you plan to increase the planned recruitment of participants into the study?  Any increase in planned recruitment should be notified to the REC as a substantial amendment for ethical review. | Yes / No |

### Safety of participants

|  |  |
| --- | --- |
| Have there been any related and unexpected serious adverse events (SAEs) in this study? | Yes / No |
| Have these SAEs been notified to the Committee?  If no, please submit details with this report and give reasons for late notification. | Yes / No /Not applicable |
| Have any concerns arisen about the safety of participants in this study?  If yes, give details and say how the concerns have been addressed. This information will be considered by the Committee when reviewing the report. | Yes / No |

1. **Amendments**

|  |  |
| --- | --- |
| Have any substantial amendments been made to the study during the year? | Yes / No |
| If yes, please give the date each substantial amendment was made. |  |

1. **Progress to date**

|  |  |
| --- | --- |
| Has data collection started? | Yes / No |
| Has data analysis started? | Yes / No |
| Have you started to write up or publish the results? | Yes / No |
| Please enclose with this report a copy of any publications or poster presentations generated by this research during the last 12 months | Attached / Not applicable |
| Have there been any amendments to published data after publication?  If yes, please give details |  |

1. **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.

I agree that any poster, publication or thesis submitted can be linked or made available within St Patrick’s Mental Health Services online institutional repository ([www.stpatricks.ie/research](http://www.stpatricks.ie/research)), subject to Irish Copyright Legislation and SPMHS conditions of use and acknowledgement.

|  |  |
| --- | --- |
| Name of Principal Investigator: |  |
| Date of submission: |  |