## ANNUAL PROGRESS REPORT

**When you initially applied for Research Ethics Committee, you agreed to supply Annual Progress Reports. Please complete the ANNUAL PROGRESS REPORT below and return it to:**

**Ms. Justyna Wardell**

**Ethics & Medical Research Committee**

**Education & Research Centre**

**St. Vincent’s University Hospital**

**STUDY REFERENCE NO:** \_ \_ / \_ \_

**Elm Park**

**Dublin 4**

1. **Has the study started? Yes / No**

**If no, please give reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Actual Number of participants recruited to this study to date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Has the study finished? Yes / No**

**If yes, please state completion date: - - / - - / - -**

**If no, what is the expected completion date: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

St. Vincent’s University Hospital

Elm Park, Dublin 4,

D04 T6F4, Ireland

T +353 1 221 4000

www.stvincents.ie

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Has the research been published? Please elaborate**

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| 1. **Has the research resulted in a change in (clinical) practice? Please elaborate**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME (BLOCK CAPITALS): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**