**Progress Report Form**

**INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR:** *This form is required for submission of progress report. 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.*

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| **MMMC-RERC CODE:** |
| **STUDY PROTOCOL TITLE:** |
| **PRINCIPAL INVESTIGATOR:** |
| **STUDY PROTOCOL APPROVAL DATE:** <dd/mm/yyyy> |
| **Email:** | **Telephone:** | **Mobile:** |
| **STUDY SITE NAME:**  |
| **STUDY SITE ADDRESS:** |
| **SPONSOR:** |
| **SPONSOR CONTACT PERSON:** |
| **Email:** | **Telephone:** | **Mobile:** |
| **REPORT SUBMISSION DATE:** <dd/mm/yyyy> |
| 1. Number of patients randomized in the study
 |
| 1. Number of patients currently enrolled in the study:
 |
| 1. Number of patients withdrawn from the study
 |
| 1. Summary of amendments to the original protocol (including dates of approval):
 |
| 1. Summary of SAE reported:
 |
| 1. Summary of SUSAR reported:
 |
| 1. Summary of unanticipated risks (others than SUSAR) documented in the conduct of study:
 |
| 1. Summary of participants’ complaints or grievances documented regarding conduct of study:
 |
| 1. Summary of indemnifications (If Applicable):
 |
| 1. Summary of study materials used (for non-clinical research):
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| 1. List of informed consent form used (version/date) and attach most recent version:
 |
| **DATE OF LAST REVIEW:** <dd/mm/yyyy> |
| **SIGNATURE OF PI:** |
| **DATE SUBMITTED:** <dd/mm/yyyy> |
| **RECEIVED BY:** |

**RECOMMENDATIONS (for MMMC-RERC use only)**

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| **COMMENTS OF PRIMARY REVIEWER** (i.e. compliance with the terms of the approved protocol including post-approval review requirements, and overall assessment of risks against benefits in the conduct of study) |
| **RECOMMENDED ACTION:*** APPROVE
* NO ACTION
* REQUEST INFORMATION: (specify)
* RECOMMEND FURTHER ACTION: (specify)
 |
| **PRIMARY REVIEWER** |  | Signature  |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |