



# ST. PAUL'S HOSPITAL OF ILOILO, INC.

General Luna Street, Iloilo City 5000 Philippines

Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676

[www.sphi.com.ph](http://www.sphi.com.ph) [sphilolo@gmail.com](mailto:sphilolo@gmail.com)

## PROGRESS REPORT FORM (FORM 4.2)

IRB Protocol No.

Date Received (D/M/Y):

Protocol Title:

Sponsor:

Principal & Sub  
Investigators:

Primary Reviewers:

### **SECTION 1: TO BE FILLED UP BY PRINCIPAL INVESTIGATOR**

Please check (✓) each of the boxes that pertains to your report.

1. Any change in participant population, recruitment or selection criteria since the last review?

Yes  No

(Explain the changes)

2. Any change in the Informed consent process or documentation since the last review?

Yes  No

(Explain the changes)

3. Is there any new information in recent literature or similar research that may change the risk/benefit ratio for participants in the study?

Yes  No

(Explain the changes)

4. Are there any unsuspected complications or side effects noted since the last review?

Yes  No

(Explain the changes)

5. Did any participant withdraw from this study since the last approval?

Yes  No

(If Yes, state the number of participants who withdrew and give the reasons for withdrawal.)

6. Any new investigator that has been added to or removed from the study research since the last review?

Yes  No

(Pls. submit the name and the CV of the new investigators.)

7. Summary of protocol participants:

\_\_\_\_ Accrual ceiling set by IRB

\_\_\_\_ New participant accrued since last review

\_\_\_\_ Total participant accrued since protocol began \_\_\_\_\_

8. Total participants excluded since protocol began:

ACCRUAL EXCLUSION

\_\_\_\_ None

\_\_\_\_ Male

\_\_\_\_ Female

9. Are there other new sites that were added or deleted since the last review?

\_\_\_\_ Yes      \_\_\_\_ No

(Pls. identify the sites and note the addition or deletion.)

10. Impaired Participants

\_\_\_\_ None

\_\_\_\_ Physically

\_\_\_\_ Cognitively

\_\_\_\_ Both

11. Deviations from the approved protocol

12. Detailed Description of Progress Report:

**INVESTIGATOR'S ATTESTATION**

I certify that the information provided in this report is complete and accurate.

\_\_\_\_\_  
Signature Over Printed Name of Principal Investigator

\_\_\_\_\_  
Date

*(IRB Use only)* Received by:

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

**SECTION 2: TO BE FILLED UP BY RESPECTIVE IRB MEMBER**

Type of Review

Expedited  Full Board

Reviewer's  
Comments:

Final Action:

( ) Accepted  
( ) Request further information  
( ) Require specific action from researcher  
( ) Take Note and No Further Action needed  
( ) Others: \_\_\_\_\_

Acknowledged by:

_____ Name of Reviewer IRB Member	_____ Signature	_____ Date
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