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| logo copy*p***UNIVERSITY OF SANTO TOMAS HOSPITAL**RESEARCH ETHICS COMMITTEE6th Floor St. John Macias O.P. BuildingA.H. Lacson St., Sampaloc, Manila 1015 PhilippinesTelephone: +63 2 8731-3001 local 2610Email: *usth\_irb@yahoo.com.ph*Website*: usthrec.online***UNIVERSITY OF SANTO TOMAS HOSPITAL**España Blvd., Manila |

**APPLICATION FOR CONTINUING REVIEW & PROGRESS REPORT FORM**  |
|  |
| **Instructions to the Researcher:** This form must be submitted four weeks before the expiration date.Please complete this form accurately and add additional rows if necessary. Submit it along with a cover letter addressed to the REC Head. Submit this F19 Form as a Word document and the cover letter as PDF file via **usthrec.online** | **Receiving Stamp/****Date of Submission:****CLICK TO ENTER TEXT.** |
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| **REC Protocol Reference No.:** | **CLICK TO ENTER TEXT.** |
| **Protocol No./Title:** | Click to enter text. |
| **Name of Investigator:** | Click to enter text. |
| **Contact No.:** | Click to enter text. | **Email** **address:** | Click to enter text. |
| **Department:** | Click to enter text. | **Section:** | Click to enter text. |
| **Sponsor:** | Click to enter text. | **CRO:** | Click to enter text. |
| **Duration of study: (months)**  | **Study Site:**  |
| Tick the appropriate box  | **Application for Continuing Review**  | [ ]  | **Progress Report Submission** | [ ]  |
| 1. Date of Initial REC Approval:
 | **Click to enter text.** |
| 1. Start of study:
 | **Click to enter text.** |
| 1. Expected end of study:
 | **Click to enter text.** |
| 1. Number of required participants:
 | **Click to enter text.** |
| 1. Number of enrolled participants:
 | **Click to enter text.** |
| 1. Number of randomized participants:
 | **Click to enter text.** |
| 1. Number of participants who completed the study:
 | **Click to enter text.** |
| 1. Number of participants withdrawn from the study:
 | **Click to enter text.** |
| 1. Number of participants who are lost to follow-up:
 | **Click to enter text.** |
| 1. Number of participants who experienced SAEs/SUSARS
 | **Click to enter text.** |
| 1. Amendments to the original protocol including dates of approval:
2. **Click to enter text.**
 |
| 1. Deviations from the approved protocol:

**Click to enter text.** |
| 1. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio:

**Click to enter text.** |
| 1. Issues/problems encountered:
	1. **Click to enter text.**
 |
| 1. Progress Status (Provide a short description and indicate completion status, e.g., 50% complete, 75% complete):

**Click to enter text.** |
| 1. Action Requested
 |[ ]  **Renew** - New participant accrual to continue |
|  |[ ]  **Renew** - Enrolled participant follow-up only |
|  |[ ]  **Others** - Specify:  |
| **PRINCIPAL INVESTIGATOR:** | Name & Signature:**CLICK TO ENTER TEXT.** | Date:   |
| **To be filled-out by the REC Primary Reviewer** |
| Is the risk-benefits ratio still favorable? | [ ]  **Yes** | [ ]  **No** |
| **Additional comments:** |
| **RECOMMENDATION:** |[ ]  **APPROVAL** |
|  |[ ]  **ADDITIONAL INFORMATION REQUIRED** |
|  |[ ]  **SUBMISSION OF AN EXPLANATION FOR FAILURE TO SUBMIT REQUIRED REPORTS** |
|  |[ ]  **DISAPPROVAL** |
| **REC REVIEWER:** | Name & Signature:**CLICK TO ENTER TEXT.** | Review Date:   |