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|  | HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL) |

**Annual Progress Report Guidelines**

It is a condition of ethics approval, as noted on the Clearance Certificate, that an annual progress report is submitted on every anniversary of the clearance date until the project is concluded, or until 5 years have elapsed, whichever is the sooner. If progress reports are not received, the project will be considered to be in violation of its ethics clearance, and the clearance will may be suspended.

Please complete this progress report form and email to HREC-Medical.ResearchOffice HREC-Medical.ResearchOffice@wits.ac.za at the appropriate intervals for your project*.*

 **ANSWERS IN THIS COLUMN PLEASE**

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| Ethics clearance number (given on the clearance certificate – MYYMMXX): |  |
| Date of clearance approval (Chairperson’s signature on the clearance certificate, not the date of the meeting): |  |
| Principal Investigator (PI) title/initials/surname: E-mail address:If replacement PI: | Name of previous PI:Date of handover: |
| Project title: |  |
| Supervisor’s name (if the PI is a student): |  |
| Period of time for which this progress report applies (please give precise dates): |  |
| Brief description of your progress in the above project over this time period, including impediments and study outcomes, if any: |  |
| If the study was paused or terminated, please say when and briefly why: |  |
| Did you encounter any ethical issues during this period?  |  YES / NO |
| If YES, please supply a brief description of these ethical issues and whether these have been managed/resolved: |  |
| Serious Adverse Events: | Type (hospitalization, drug reaction, death, etc):Date reported to HREC)Med):  |
| Expected project completion date: |  |
| Protocol violation/deviation: | Nature:Date reported to HREC (Med): |
| Study amendment: | Date(s) reported to HREC (Med):Date(s) approved by HREC (Med): |
| Completion of Material or Data Transfer Agreement: | Collaborating institution:Date of final signature: |
| Study publication details: |  |
| Any other information for the HREC (Med): |  |
| Signature of researcher confirming the above is correct (electronic signature permissible): |  |
| Signature of the supervisor (if the researcher is a student) (electronic signature permissible): |  |

Date | .

For office use:

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| --- | --- |
| Date the progress report was received |  |
| Accepted by (name) |  |
| Signature  |  |
| Date approved  |  |

January 2023