# Appendix 3: Progress Report Form

**INSTITUTIONAL ETHICS REVIEW COMMITTEE (IERC)**

**THE AGA KHAN UNIVERSITY - KENYA**

**PROGRESS REPORT**

**(IERC Ref. No) REPORT DATE (**from - to**)**

**URC** [ ]  **Seed Money** [ ]  **External Funded**: [ ]  **Local** [ ]  **Overseas** [ ]

**FUNDING AMOUNT: PERIOD** (from & to):

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(***Or Reported By***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Project Commencement Date: |  |

1. If the project has not commenced, or commencement delayed, advise when the project is expected to commence or whether the project is to be withdrawn or what is the reason for delay in starting the project work?

|  |
| --- |
|  |

1. Is the project complete? Yes [ ]  No[ ]

1. If, yes, give date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Give a brief report of progress and results to date, if any, problems encountered actions taken to solve the problems, if any and include a list of publications, if any (attach a separate page if necessary).

1. Details of progress reports (if any) submitted earlier.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Report No** | **Period Covered**  | **Phase Wise** **Completion Of The Work Plan** | **Date Of Submission** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Has the project been conducted in accordance with the protocol approved by the Research Committee and Ethics Committee Yes [ ]  No[ ]

If no, please give details.

a) Were there any serious adverse events? Yes [ ]  No[ ]  Not Applicable [ ]

If **yes**, please details (Add extra rows if needed and attach copies of the adverse reports)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adverse Event Details |  Action Taken (In details) | Occurrence Date | Study/Not Study Related | Date reported to IERC | Date reported to Hospital Patient Safety Committee |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

b) Where there any other Unanticipated Adverse Events

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adverse Event Details |  Action Taken (In details) | Occurrence Date | Study/Not Study Related | Date reported to IERC | Date reported to Hospital Patient Safety Committee |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **(a)** Are you proposing any modification in the original protocol or methodology, or work plan?

Yes [ ]  No[ ]

If **yes**, please detail reasons for modifications. (Add extra rows if needed and attach (i) revised proposal tracking the modifications (ii) clean copy of the revised proposal)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Original Text & Page** | **Modification made & Page** | **Explanation for Change** |
|  |  |  |  |
|  |  |  |  |

**(b)** Are you proposing any change and/or addition of the Investigators?

|  |  |
| --- | --- |
| **Investigator Details**  | **Explanation for Change** |
|  |  |
|  |  |

1. Has the IERC approval period expired? Yes [ ]  No[ ]

If **yes**, do you wish to apply for an extension of the approval period? Yes [ ]  No[ ]

If **yes**, please state the new expiry date requested and the reason for request for extension.

|  |  |
| --- | --- |
| **New expiry Date Requested** | **Reasons for Extension** |
|  |  |

Please remember that any amendments to the approved protocol require further specific approval by IERC.

---------------------------------------------------------------------------------------------------------------------

I confirm that this research project is in conformity with the requirements of sponsor[[1]](#footnote-1) and the approval of the IERC and (and subject to any changes subsequently approved) and that all amendments are already reported to the Research Office.

All financial matters are dealt according to the grants & contracts office guidelines.

**Principal Investigator/Primary Supervisor:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Sponsor is referred to as the funding agency for e.g. (URC, Seed Money or External funding agency) [↑](#footnote-ref-1)