**WEST MORETON HOSPITAL AND HEALTH SERVICE**

**HUMAN RESEARCH ETHICS COMMITTEE**

***Annual / Final\* Report \* Please delete as applicable***

|  |  |
| --- | --- |
| **Protocol Number:** |   |
| **Protocol Title:** |   |
| **Principal Investigator:** |   |

|  |  |  |
| --- | --- | --- |
| **Information Required** | **Response** | **Comments** |
| Number of participants recruited to date? |  |  |
| Difficulties encountered (if any)? e.g. recruiting |  |  |
| Number and nature of serious adverse events at this site? |  |  |
| Has the principal investigator reviewed and reported all serious adverse events to the HREC? |  |  |
| Where necessary have changes been made to the participant Information and Consent Form? e.g. additional risks, change of investigator |  |  |
| Please attach a copy of the latest version of the participant Information and Consent Form |  |  |
| Is all trial related data being stored according to good clinical practice?(refer to the *Australian code for the Responsible Conduct of Research* (Chap.3) |  |  |
| Results to date (if any) |  |  |
| Presentations of research findings that have occurred |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Principal Investigator** |  |  **Date** |

***Please forward to HREC who reviewed your protocol one year from date of approval, annually thereafter and at the completion of your research***