Far North Queensland HREC *(EC00157)*

# Annual Progress Report / Final Report

#### (N.B. Progress Reports must be submitted annually by the 30th April)

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| **HREC Reference No.:** |  | |
| **SSA Reference No.:**  ***(if applicable)*** |  | |
| **Report Type:** | Annual Report  Final Report | |
| **Reporting Period:** | From: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | To: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **Project Title:** |  | |
| **Principal Investigator name:** |  | |
| **Contact / Coordinator name:** |  | |

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| Information Required | Comments | | | | | |
| Study Status: | Commenced (Date of Commencement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Ongoing  Ongoing but closed to recruitment / data collection complete  Complete – This is a *final* report.  Not yet commenced \*  Discontinued / Abandoned\*  On hold\*  \* If the study has not yet commenced, been discontinued / abandoned or is on hold, please provide an explanation below: | | | | | |
| Have you encountered any problems conducting the study? |  | | | | | |
| Approved Study sites: | Cairns and Hinterland Hospital and Health Service (CHHHS)  Torres and Cape Hospital and Health Service (TCHHS)  External – Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Summary of progress: |  | | | | | |
| No. of participants recruited (including data) to date: |  | **Target** | | **Actual** | | **Withdrawn** |
| Participants |  | |  | |  |
| Records |  | |  | |  |
| Samples |  | |  | |  |
| Please indicate the current authorised version numbers and document dates of these study documents. | **Study Document:** | | **Version Number:** | | **Date:** | |
| Protocol | |  | |  | |
| Participant Information Sheet | |  | |  | |
| Consent Form | |  | |  | |
| Data Collection Tool | |  | |  | |

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| Have there been any amendments to the approved study (including changes to investigator team) since the last progress report? | Yes  No  If YES, please specify.  If these amendments have not been submitted to the HREC & RGO (if relevant) for review and approval, please submit the amendment ASAP. |
| Has the Principal Investigator reviewed and reported all Serious Adverse Events (SAEs) to the HREC? | Yes  No  N/A – No reported SAEs  N/A – Quality Assurance (QA) Activity |
| Has there been any outcomes published or presented related to the project for this current reporting period? | Publications  Abstracts  Poster Presentations  Oral presentations  Reports  Newsletters  **N.B. If the project has been published/presented, copies must be provided with this report. This is a mandatory requirement.** |
| Has there been any changes made to the funding of the project? | Yes  No  N/A - No funding applied for or awarded by any sponsor or funding body.  N/A - Quality Assurance (QA) Activity.  If YES, please specify. |
| Sponsor (if relevant): |  |
| Is there a formal agreement, indemnity and/or insurance certificate associated with this project? | Yes  No  N/A – Quality Assurance (QA) Activity |
| If yes, when is/are the expiration date of the/each document/s? |  |
| Did the HREC waive the requirement for informed consent? | Yes  No  N/A – Quality Assurance (QA) Activity |
| If yes, is there a current PHA approval associated with this project? |  |
| Is any data from this project being used for another project? | Yes  No  If yes, please provide the HREC reference number/s: |

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| Data Storage: |  |
| Where is the study related data being stored? |  |
| How long is study related data being stored for? |  |

**Final Report: *Only complete this section if this is a final report.***

**(Do not complete this section if the project is ongoing).**

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| Information Required | Comments |
| Data Analysis | Ongoing (Anticipated date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_)  Completed |
| Results to date: |  |

**In accordance with Section 5 of the National Statement the Principal Investigator will submit a progress report annually by 30 April and a final report at the completion of the project.**

The information provided in this report is complete and correct. The project is being conducted in keeping with the conditions of approval of the reviewing HREC (and subject to any changes subsequently approved) as well as Research Governance Site Authorisations (where relevant).

The project is being conducted in compliance with the *National Health and Medical Research Council’s National Statement on the Ethical Conduct of Human Research 2007 – Updated 2018*, or as amended.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Principal Investigator Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Contact Person details:**

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Organisation: Click or tap here to enter text.

**Please forward the completed form to** [FNQ\_HREC@health.qld.gov.au](mailto:Cairns_Ethics@health.qld.gov.au)