HREC/RGO Annual Progress Report/Final Report

This report should be submitted to the approving HREC and site RGO's on an annual basis (minimum) and at the completion of the project. $(National\,Statement\,Section\,5.5.5\,refer\,to\,https://www.nhmrc.gov.au/book/chapter-5-5-monitoring-approved-research)$

Form developed by Health Translation Queensland Human Research Ethics and Governance Working Group

| SECTION 1: | PROJECT DATA | | | | | |
|---|--|---|--------------------------------|-------------------------------|--|--|
| HREC REF. NO: HREC / | / | Approving HREC Name: | | | | |
| PROJECT TITLE: | | | | | | |
| REPORTING PERIOD: (12 month period covered by this report) | | to | | | | |
| COORDINATING PRINCIPAL INVESTIGATOR (CPI): | | | | | | |
| SPONSOR OF THE STUDY (if applicable): | | | | | | |
| CONTACT PERSON | | | | | | |
| | ete if changed since last report): | Commencement date | Recruitment # to date | Local Site PICF version | | |
| Name of Site & SSA Ref # | Name of Local Site PI | at Site | at Site | number and date | | |
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| SECTION O | STUDY STATUS | | | | | |
| SECTION 2: | STUDY STATUS | | | | | |
| In progress at <u>all</u> sites listed a | bove: Yes No | (if no, please identify sites that | t are not active): | | | |
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| | | | | | | |
| In progress at <u>some</u> sites: | ss): | | | | | |
| | | | | | | |
| In progress, but closed to recr | witment. | | | | | |
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| Discontinued/Abandoned: Not yet commenced: On hold: If study has been discontinued/abandoned; not yet commenced or on hold, please provide an explanation: | | | | | | |
| in study has been discontinued | a de la commencia de la commen | ea of off flora, please provide an | r explanation. | | | |
| | | | | | | |
| Completed at all sites (this is a Final Report – please attach list of results/publications): | | | | | | |
| HREC Expiry date for study: | | | | | | |
| Is an extension to HREC approv | | o e study, providing appropriate jus | stification for the extension) | Health Translation Queensland | | |

| SECTION 3: | HREC APPROVED DOCUMENTATION | | | | | | | |
|--|-----------------------------|-----------------------------|---------------------|--|------------------------------------|--|--|--|
| Provide version number and dates of the below Master HREC Approved Documents currently in use (only complete if changed since last report). | | | | | | | | |
| Protocol | Version Number: | D | ate: | | | | | |
| Master PICF (if applicable) | Version Number: | D | ate: | | | | | |
| Questionnaire (if applicable) | Version Number: | D | ate: | | | | | |
| OTHER (please specify) | | | Version Number: | | Date: | | | |
| OTHER (please specify) | | Version Number: | | | Date: | | | |
| OTHER (please specify) | | Version Number: | | | Date: | | | |
| | | | | | | | | |
| SECTION 4: | CHANGES | TO THE APPRO | VED STUDY | | | | | |
| Have there been any amendments to the approved study (including changes to the research team) since the original submission or last progress report? If Yes, please submit an Amendment to the HREC and appropriate RGO If No, go to Section 5 | | | | | | d appropriate RGO | | |
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| | | | | | | | | |
| SECTION 5: | MANAGE | MENT OF RISKS | | | | | | |
| Have there been any complain or last progress report? | nts regarding the con | iduct of the study since ap | proval of the study | Yes → No | If Yes, please p as an attachme | rovide further details ent | | |
| SECTION 6: | CLINICAL | INTERVENTION | (Including cli | nical tria | ls) | | | |
| Have any issues in regards to | safety occurred since | e the submission of the las | t progress report? | Yes → No | If Yes, please p as an attachme | rovide further details ent | | |
| Have all urgent safety measur the study for safety reasons b | | | | Yes No → NA | If No, please prant an attachment | rovide further details as | | |
| Have all serious Adverse Events been reported to the study sponsor within 24 hours of becoming aware of the event? | | | 4 hours of | Yes No → NA | If No, please pr an attachment | ovide further details as | | |
| arising from a site been reported to the relevant local institutional RGO within 72 hours of becoming aware of the event? | | | Yes No → NA | If No, please provide further details as an attachment | | | | |
| Is a Data Safety Monitoring Co this study? | ommittee (DSMC) or i | independent safety monito | oring required for | Yes → No | | rovide further neeting and any ons for submission to | | |
| | | | | | | | | |

DATE

| SECTION 7: OTHER CONSIDERATIONS | | | | | | |
|---|---|--|--|--|--|--|
| Are there sufficient funds to complete the study in the manner as approved by the HREC and authorised by the relevant RGO. | Yes No → If No, please provide further details | | | | | |
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| | V . 15 1 11 5 1 1 1 1 | | | | | |
| Have any concerns arisen from the study that you wish to draw to the HREC and RGO attention? For example, barriers and obstacles encountered in the research project, difficulties with recruitment/data collection | Yes → If yes, please provide further details and any recommendations for submission to HREC/RGO | | | | | |
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| | | | | | | |
| SECTION 8: PROGRESS TO DATE | | | | | | |
| Please provide a brief statement on progress so far including: Summary of findings to date Details of any publications accepted or in press Details of any presentations given For Final Report: description on how the results have been disseminated back to the appropriate parties as per approved protocol | | | | | | |
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| DECLARATION BY COORDINATING PRINCIPAL INVESTIGATOR: | | | | | | |

02 Nov 2021 Page 3 of 3 Version 3

I certify that the above project was carried out/ is being carried out in accordance with the approved protocol submitted to and approved by the HREC

SIGNATURE

NAME