**AUSTRALIAN RED CROSS BLOOD SERVICE**

**ETHICS COMMITTEE**

PROGRESS/COMPLETION REPORT

FOR MONITORING OF CURRENT APPLICATIONS

* The report should be a brief summary, of **not more than 500 words**.
* All sections must be completed – if not applicable to the project please enter N/A.
* Use **lay language** wherever possible.
* This report must be typewritten or entries made electronically.
* For check boxes, mark an **X** in the appropriate box.
1. **PROJECT DETAILS**

|  |  |
| --- | --- |
| Application Number:  |  |
| Report type: | Progress  [ ]  Completion [ ]  |
| If a previous progress report has been submitted for this project, indicate the date of that report (otherwise N/A). |       |
| Full project title: |  |
| Short title (if appropriate): |        |
| Chief Investigator: |  |
| If the Chief Investigator did not write the report, details of person who did:  |
|  Name: |       |
|  Position: |       |
|  Connection with project: |       |
| Date of ethics approval: |       |
| Date original approval lapses/lapsed: |       |
| Date you expect to complete the project: |       |
| Has an extension of approval been granted? | Yes [ ]  No [ ]  N/A [ ]  |
| If yes, date extended approval lapses/lapsed: |       |
| ***If no, and your expected completion date falls beyond the period of ethical approval, please address a letter to the Committee requesting an extension of approval and providing justification for this extension and submit it with this report.*** |

1. **PROGRESS**

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| Provide a simple description of the project (less than 100 words) in plain language **(*from original application*)**. |
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| Provide a brief report (less than 200 words) on progress to date (or achievements in the case of a completion report) |
|       |

1. **COMPLIANCE**
* Please complete all relevant sections – if not applicable to the project please enter N/A.

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| Has the project been undertaken in compliance with the approved proposal? |
| Yes [ ]  No [ ]  If no, please provide details:       |
| Has the project been undertaken in compliance with any conditions of approval? |
| Yes [ ]  No [ ]  If no, please provide details:       |
| Number of participants contacted to date: |       |
| Number of participants enrolled to date: |       |
| Number of participants that have withdrawn: |       |
| Reason for withdrawal if known: |       |
| Have consent forms been obtained for all participants?  | Yes [ ]  No [ ]  N/A [ ]  |
| Number of complaints received to date: |       |
| Details/nature of complaints received: |       |
| Measures taken to resolve any complaints:  |       |
| Number of adverse events to date: |       |
| Details/nature of any adverse events: |       |
| Has the project been undertaken in compliance with the guidelines on maintenance and security of records? |
| Yes [ ]  No [ ]  If no, please provide details:       |
| Have the results of the research been made available to research participants? |
| Yes [ ]  No [ ]  If yes, please provide details:       |

1. **OTHER MATTERS**

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| Please provide any publications or presentations related to this study.  |
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| Please indicate any other issues or matters that should be drawn to the attention of the Ethics Committee. |
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1. **DECLARATION**

**I confirm that this project is being undertaken in accordance with the approved proposal and all other relevant laws, regulations and guidelines.**

Author of Report:

Sign:

Date: