



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

INSTITUTIONAL RESEARCH – ETHICS COMMITTEE
(IR-EC)

PROGRESS REPORT FORM

IR-EC Protocol Number: _____
Sponsor Protocol Number: _____ *Approval Date: _____

*Protocol Title: _____

*Principal Investigator/s: _____

Contact Details: Telephone Number: _____ Fax: _____ Email _____

Institute : _____

Sponsor : _____

Name of study medicine/ device: _____

Type of Research: Clinical Trial Clinical Research Public Health
 Genetic Research Sociobehavioural Laboratory Research

Study Duration: _____

This report covers the period from _____ to _____

Total number of study participant/s: _____

Date started : _____

Recruitment Status : _____

Total number of patients screened: _____

Total number of patients randomized, if applicable: _____

Total number of screen failures: _____ provide report, if necessary.

Total number of patients discontinued: _____ provide report, if necessary.

Total number of patients completed the study: _____

Total number of SAEs: _____

provide report, if necessary.

Total number of Unexpected Event/ Unanticipated Risk: _____

provide report, if necessary.

Total number of Protocol Deviation/ Violation: _____

provide report, if necessary.

Remarks: _____

Received by : _____

Date : _____

To be filled-up by the IR-EC:

Reviewer/s Recommendations:

Changes to the protocol recommended? No Yes

Comments : _____

Changes to the Informed Consent Form and/or other documents recommended? No Yes

Comments : _____

Reviewer's Name : _____

Signature: _____

Date : _____

IR-EC Final Action:

** Request an amendment to the protocol or the Informed Consent Form

Request further information

Suspend or terminate the study

Take note and no further action is needed

Others: _____

Type of review: Expedited review Full board review

Date of meeting: _____

Name of Member/Secretary: _____

Signature : _____

Date : _____