Memorandum

Suranaree University of Technology

Institute Phone Number

Document Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Progress Report and Certificate renewal (Code ……………………….)

To The Chair of the Human Research Ethics Committee

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institute of Progress report and certificate renewal to The Human Research Ethics Committee according to the Progress report and certificate renewal form and attach document.

Please kindly consider my progress report and certificate renewal.

 (Project Head) (your signature)

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 (Advisor)

**AF/01-12/01.0**

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| **โลโก้มทสขาวดำ Human Research Ethics Committee Suranaree University of Technology** | **Progress Report and Certificate renewal Form** |

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| Protocol No.: | COA. No. |
| Protocol title: |
| Principal Investigator and Institution Name: |
| Submission for: 􀂆 Certificate renewal 􀂆 per SUT-IEC action requested (as indicated in protocol) 􀂆 Both cases |
| ACTION REQUESTED:􀂉 Progress Report–Period from \_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_ (For full board protocol, please attach the copy of the first participant consent, if this is the first report.)􀂉 Renew - New participant accrual to continue􀂉 Renew - Enrolled participant follow up only | HAVE THERE BEEN ANY CHANGES IN THE INFORMED CONSENT PROCESS OR DOCUMENTATION SINCE THE LAST REVIEW?􀂉 NO􀂉 YES (Explain changes in attached narrative) ……….. |
| HAVE THERE BEEN ANY AMENDMENTS SINCE THE LAST REVIEW?􀂉 NO􀂉 YES (Describe briefly in attached narrative) ……………………………..SUMMARY OF PROTOCOL PARTICIPANTS (number):Accrual ceiling set by IEC/IRB = ……………New participants accrued since last review = …………Total participants fail screening since protocol began = ………… | HAS ANY INFORMATION APPEARED IN THE LITERATURE, OR EVOLVED FROM THIS OR SIMILAR RESEARCH, OR COMMUNITY ATTITUDE TOWARDS THE RESEARCH THAT MIGHT AFFECT THE IEC/IRB’S EVALUATION OF THE RISK/BENEFIT ANALYSIS OF HUMAN SUBJECTS INVOLVED IN THIS PROTOCOL?􀂉 NO􀂉 YES (Discuss in the attached narrative) …………. |
| Total participants withdrawn since protocol began = …………Total participants dead since protocol began = …………Total participants complete since protocol began = …………Total participants accrued since protocol began = …………HAVE THERE BEEN ANY CHANGES IN THE PARTICIPANT POPULATION, RECRUITMENT OR SELECTION CRITERIA SINCE THE LAST REVIEW?􀂉 NO􀂉 YES (Explain changes in attached narrative) ………………………………HAVE ANY PARTICIPATING INVESTIGATORS BEEN ADDED OR DELETED SINCE LAST REVIEW? | HAVE ANY UNEXPECTED COMPLICATIONS OR SIDE EFFECTS BEEN NOTED SINCE LAST REVIEW?􀂉 NO􀂉 YES (Discuss in the attached narrative) ……………OTHERS:………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 􀂉 NO􀂉 YES (Identify all changes in the attached narrative) …………HAVE ANY NEW COLLABORATING SITES (INSTITUTIONS) BEEN ADDED OR DELETED SINCE THE LAST REVIEW? | HAVE ANY INVESTIGATORS DEVELOPED EQUITY OR CONSULTATIVE RELATIONSHIP WITH A SOURCE RELATED TO THIS PROTOCOLWHICH MIGHT BE CONSIDERED A CONFLICT OF INTEREST?􀂉 NO􀂉 YES (Append a statement of disclosure) ……………….. |
| 􀂉 NO􀂉 YES (Identify all changes and provide an explanation of changes in the attached narrative) …………….. |

Signature……………...…………….………………….………Date………/………/………

 Principle Investigator

Reviewer Comments:

􀂆 รับรอง/ รับรองต่อเนื่อง

􀂆 ให้แก้ไขหรือขอข้อมูลเพิ่มเติม

􀂆 ไม่รับรอง/ไม่รับรองต่อเนื่อง (ระบุเหตุผล) ………....................................................................................

( ) Date:………………….…………

 Reviewer’s signature