YEAR:

Ref. No:

*[](http://www.google.com.my/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=yW19_RDloI0F-M&tbnid=-UAflwkuHw_x9M:&ved=0CAUQjRw&url=http://119.40.117.233/&ei=i8hxUr_KMor4rQfAmYHACg&bvm=bv.55819444,d.bmk&psig=AFQjCNEgDSqQKlYvJatC4--yKLVkQ3nfnA&ust=1383275009773833)*

**ETHICS COMMITTEE FOR RESEARCH INVOLVING HUMAN SUBJECTS (JKEUPM)**

**ANNUAL PROGRESS REPORT OF CLINICAL TRIAL**

To be completed in typescript and submitted by the Chief Investigator. For questions with Yes/No options please indicate answer in bold type.

**1. Details of Principle Investigator**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| Fax: |  |

**2. Details of study**

|  |  |
| --- | --- |
| Full title of study: |  |
| Reference number: |  |
| Date of ethical approval: |  |
| Sponsor: |  |

#### 3. Commencement and termination dates

|  |  |
| --- | --- |
| Has the study started? | Yes / No |
| If yes, what was the actual start date? |  |
| If no, what is the expected start date? |  |

|  |  |
| --- | --- |
| Has the study finished? | Yes / No |
| If no, what is the expected completion date? |  |
| If you do not expect the study to be completed, give reason(s) |  |

**4. Site information**

|  |  |
| --- | --- |
| Name of study site: |  |
| Do you plan to increase the total number of sites proposed for the study?  *The addition of any new sites not listed in the original applications to the JKEUPM by submitting amendment using the Form A* | Yes / No |

**5. Recruitment of participants**

|  |  |
| --- | --- |
| \* Number of participants recruited: | *Proposed in original application:*  *Actual number recruited to date:* |
| \* Number of participants completing trial: | *Actual number completed to date:* |
| \* Number of withdrawals from trial to date due to: | |
| (a) withdrawal of consent |  |
| (b) loss to follow-up |  |
| (c) death (where not the primary outcome) |  |
| Total study withdrawals: |  |
|  |  |
| \*Number of treatment failures to date (prior to reaching primary outcome) due to: |  |
| (a) adverse events |  |
| (b) lack of efficacy |  |
| Total treatment failures: |  |

|  |  |
| --- | --- |
| Have there been any serious difficulties in recruiting participants? | Yes / No |
| If yes, give details: |  |
| Do you plan to increase the planned recruitment of participants into the study?  *Any increase in planned recruitment should be notified to the JKEUPM as a substantial amendment for ethical review.* | Yes / No |

6. Safety reports

|  |  |
| --- | --- |
| Have there been any Suspected Unexpected Serious Adverse Reactions (SUSARs) in this trial? | *Yes / No* |
| Have these SUSARs been notified to the JKEUPM? | Yes / No |

**7. Amendments**

|  |  |
| --- | --- |
| Have any substantial amendments been made to the trial during the year? | Yes / No |
| If yes, please give the date and amendment number for each substantial amendment made. |  |

**9. Other issues**

|  |  |
| --- | --- |
| Are there any other developments in the trial that you wish to report to the Committee?  Are there any ethical issues on which further advice is required?  *If yes to either, please attach separate statement with details.* | *Yes / No*  *Yes / No* |

**10. Declaration**

**I confirm the above information is true.**

|  |  |
| --- | --- |
| Signature of Chief Investigator: |  |
| Name: |  |
| Date of submission: |  |