

**BATANGAS MEDICAL CENTER  
RESEARCH ETHICS REVIEW COMMITTEE**

**PROGRESS REPORT (FORM 3.17.1)**

ERC Protocol No.		Approval Date	
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Protocol Title	
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Investigator		Sponsor	
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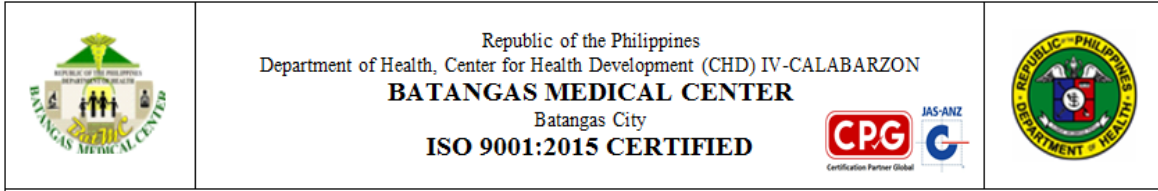
<b>ACTION REQUESTED:</b> <input type="radio"/> Renew - New participant accrual to continue <input type="radio"/> Renew - Enrolled participant follow up only <input type="radio"/> Renew – Completion of protocol requirements <input type="radio"/> Terminate – Protocol discontinued
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Any amendment since the last review? (Describe briefly)	<input type="radio"/> No <input type="radio"/> Yes
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Any change in participant population, recruitment or selection Criteria since the last review? (Explain the changes)	<input type="radio"/> No <input type="radio"/> Yes
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Any change in the Informed Consent process or documentation since The last review? (Please explain)	<input type="radio"/> No <input type="radio"/> Yes
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Is there any new information in recent literature or similar research That may change the risk/benefit ratio for participants in the study? (Discuss and attach a narrative)	<input type="radio"/> No <input type="radio"/> Yes
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Any unexpected complication or side effect noted since the last Review? (Discuss and attach a narrative)	<input type="radio"/> No	<input type="radio"/> Yes
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Did any participant withdraw from this study since the last approval? (Reasons for withdrawal)	<input type="radio"/> No	<input type="radio"/> Yes
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Any new investigator that has been added to or removed from the Research team since the last review? (Please identify them and submit The CVs of new investigators.)	<input type="radio"/> No	<input type="radio"/> Yes
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Summary of protocol participants <input type="radio"/> Accrual ceiling set by RERC _____ <input type="radio"/> New participants accrued since last review _____ <input type="radio"/> Total participants accrued since protocol began _____
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Accrual Exclusions <input type="radio"/> None <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others (Specify) _____
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Are there any new collaborating sites that have been added or Deleted since the last review? Please identify the sites and note the Addition or deletion.	<input type="radio"/> No	<input type="radio"/> Yes
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Impaired Participants <input type="radio"/> None <input type="radio"/> Physically _____
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	<p>Republic of the Philippines          Department of Health, Center for Health Development (CHD) IV-CALABARZON  <b>BATANGAS MEDICAL CENTER</b>          Batangas City  <b>ISO 9001:2015 CERTIFIED</b></p> <div style="display: flex; justify-content: center; align-items: center;">   </div>	
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Cognitively \_\_\_\_\_  
 Both \_\_\_\_\_

*To be filled up RERC*

Date received:		
Received by:		
<b>PRIMARY REVIEWERS</b>	<b>Signature</b>	<b>DATE: mm/dd/yyyy</b>
1.		
2.		
	<b>Signature</b>	<b>Date: mm/dd/yyyy</b>
<b>Names: Other reviewer members if full board review.</b>		
1.		
2.		

Recommendations <input type="checkbox"/> Approve <input type="checkbox"/> Request an amendment to the protocol or the consent form <input type="checkbox"/> Request further information <input type="checkbox"/> Suspend or terminate the study  <input type="checkbox"/> Others _____ _____	Type of review: <input type="checkbox"/> Expedited review <input type="checkbox"/> Full Board review  Date of meeting _____
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Change to the protocol recommended? Comments:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Changes to the informed consent form recommended?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Comments:		

ERC Final Decision:	
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Certified by:

RERC Chair	Signature	Date