**Project Annual Report Form**

**Name of applicant:**

**Title of project:**

**REAMS ID:**

**Date approval received from Ethics Committee:**

|  |  |  |
| --- | --- | --- |
| **Questions** | **YES** | **NO** |
| Is the study continuing? If so, please provide the anticipated date of completion in the space below. | □ | □ |
| Have there been any modifications to the procedures for which approval was granted? If so, please provide details in the space below. | □ | □ |
| Have there been any adverse outcomes associated with the conduct of the  research? If so, please provide details in the space below. | □ | □ |

If the study is continuing, what is the anticipated date of completion?

Modifications to the procedures for which approval was granted:

Adverse outcomes associated with the conduct of the research:

Additional information which you wish to bring to the attention of the REC?

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_