**School of XXX Research Ethics Committee**

**Project Annual Report Form**

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

|  |  |  |
| --- | --- | --- |
| **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. | □ | □ |
| Is all data being stored in accordance with Trinity’s data storage policy, in adherence to the Freedom of Information Act, and in compliance with the requirements of the Data Protection Commissioner? | □ | □ |
| Will all data be kept for 10 years in accordance with Trinity’s data storage policy? | □ | □ |

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: