ANNUAL PROGRESS REPORT TO SEHSCT
(For studies requiring NHS R&D Approval only)

To be completed in typescript and submitted to the SEHSCT IRD Office by the Chief Investigator one year following approval date.

1. Details of Chief Investigator

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

2. Details of study

Full title of study:	
SEHSCT Reference Number:	
Date of favourable Research Governance Committee opinion:	
Sponsor:	

3. Commencement and termination dates

Has the study started?	*Yes / No*
If yes, what was the actual start date?	
If no, what are the reasons for the study not commencing? What is the expected start date?	
Has the study finished? *If yes, complete and submit "Declaration of end of study" form.*	*Yes / No*

If no, what is the expected completion date? *If you expect the study to overrun the planned completion date this should be notified to the IRD Office for information.*	
If you do not expect the study to be completed, give reason(s)	

4. Registration

Is the study a 'clinical trial'? (Defined as first 4 categories on the IRAS filter page) (For CTIMP please use CTIMP progress reporting template)	*Yes / No*
Is the study registered on a publically accessible database? (Registration of clinical trials is a condition of approval for studies approved after 30 September 2013)	Yes / No
If yes, please provide the name of the database and the registration number Database: Registration number:	
If no: a. What is the reason for non-registration? b. What are your intentions for registration?	

5. Site information

Do you plan to increase the total number of sites proposed for the study? If yes, how many sites do you plan to recruit?	*Yes / No*

6. Recruitment of participants

In this section, "participants" includes those who will not be approached but whose samples/data will be studied.

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 study 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: * Applies to studies involving clinical treatment only

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 SEHSCT IRD Office as an amendment.*	Yes / No

7. Safety of participants

Have any concerns arisen about the safety of participants in this study? *If yes, give details and say how the concerns have been addressed.*	*Yes / No*

8. 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. Serious breaches of the protocol

Have any serious breaches of the protocol occurred during the year? *If Yes, please enclose a report of any serious breaches not already notified to the SEHSCT IRD Office.*	*Yes / No* *Yes / No*

10. Other issues

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

11. Declaration

Signature of Chief Investigator:	
Print name:	
Date of submission:	