中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL AND MEDICAL CENTER
EXCEPTIONAL CARE WITHIN REACH

Department of Medical Education and Research
RESEARCH ETHICS REVIEW BOARD (RERB)
Contact#: 8711-4141 local 418 and 481
Email Address: rerb@cghmc.com.ph

PROGRESS REPORT

CGHMC RERB Protocol No.	Sponsor Protocol No.
Protocol Title	
Investigator:	Contact Details:
Study Site	Approval Date: (dd/mm/yyyy)
Annual Progress Report: *(Please indicate inclusive period):* Total number of screened subjects: Total number of randomized subjects: Total number of withdrawn patients: Total number of SAEs: Total number of lost to follow up: Total number of completed subjects:	
Summary of Amendments	
Summary of protocol deviations/ non-compliance	
Is there any new information in recent literature or similar research that may change the risk/ benefit ratio for participants in this study? Summarize.	
Name and Signature of PI:	Date Submitted: (dd/mm/yyyy)

To be filled up by RERB

Date Received:	Received by: (Printed Name/Signature)	
Primary Reviewers/Signature:		Date
Recommendations ☐ Approved ☐ Request further information ☐ Suspend or terminate the study ☐ Others: _____		Type of review: ☐ Expedited review ☐ Full board review Date of meeting: _____
RERB Final Decision:		

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Certified by: Name of CGHMC RERB Chair	Signature	Date