**Annexure:** **(UOR/19-001)**

Template for progress review form

**PROGRESS REVIEW FORM (SIX MONTHLY / ANNUALLY)**

**Ethics Review Committee, Faculty of Medicine University of Ruhuna**

|  |
| --- |
| Protocol Number: |
| Principal Investigator: |
| Telephone: Email: |
| Protocol Title: |
| Number of participants enrolled |  |
| Number of participants who withdrew |  |
| Number of participants lost to follow-up |  |
| A summary of any complaints about the research since the last committee review |
|  |
| A summary of any relevant recent literature, interim findings, and amendments or modificationsto the research since the last committee review. |
|  |
| Signature of PI Date |